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THE UNIVERSITY OF ALBERTA

FACETS RELATED TO NURSING STUDENT PROGRESS

BY

DOROTHY MARINA VETTERGREEN

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH

IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF

MASTER OF EDUCATION

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Date: October 5, 1989

ABSTRACT

The purpose of this study was to examine student perceptions of facets which influence their progress toward completion of a two year college diploma nursing program. Specifically, it was designed to identify facets which hindered or facilitated student progress and to determine if any relationship existed between these facets and the individual characteristics of students.

The sample population consisted of seventy-eight nursing students in the second year of the nursing program. Data were collected by means of a questionnaire developed for the study. Respondents were asked to rate the degree to which each of sixty-two facets created difficulty for progress or facilitated their progress toward completion of the nursing program, and to identify facets which influenced their progress the most.

The results of the investigation revealed that the majority of facets were perceived to facilitate progress. Communication with the patient, instructor availability, regular feedback regarding progress, collaboration with the nursing team, personal responsibility for learning, and accountability were deemed to be helpful by a high percentage of respondents. For many students, personal needs, the unfamiliar, fear of making errors, and differences among instructors were perceived to be inhibitors to their progress.

Students indicated that inadequacy of time to meet personal and course demands, efforts to meet personal needs, lack of confidence, academic workload, examinations, inconsistencies among instructors, and unfamiliar learning situations created the most difficulty for their progress, while family support, teaching methods and climate in the classroom, interaction with the patient and the nursing unit

staff, and the relationship with the instructor were the most facilitative for progress toward completion of the program.

Married students and those with children found that facets associated with personal and course demands inhibited their progress more than did other students. Male students found relationships with family and others to be less facilitative for progress than did female students. Learning resources and climate, and interaction with the instructor were less helpful for students with a self-rated grade of "low pass" or "average" than for those with higher grades.

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CHAPTER ONE

OVERVIEW AND PURPOSE OF STUDY

Introduction

Students enrolling in the Nursing Diploma Program at Grant MacEwan Community College are, according to Kneubuhler (1985), predominantly female and more than 50% are over twenty-five years of age. Approximately one third are married, one seventh are divorced or separated, and the remainder are single. While more than 60% have never been previously employed in a related job, the majority have had some post high school education prior to entering the program. Approximately 23% have a previous college diploma or university degree. Nursing students are similar to other college students, in that various resources are used to finance their education including student loans, savings, parental assistance, and spousal aid. As well, slightly more than half of the students enrolling in the nursing program do not expect to be employed while a student. The remainder expect part-time employment.

Typical of the adult learner, the Grant MacEwan Community College nursing student is as Knowles (1979:55-59) suggests, an independent, experienced person, already functioning in society and seeking education to further ability, gain a skill or develop potential, specifically in this case to gain a diploma in nursing. In spite of the common goal, the students come to the program with individual goals and needs, seeking relevant learning experiences and valuing personal experience as part of individual identity and self-concept.

Malarkey (1979) points out that increasing numbers of women over twenty-five are enrolling in college programs and choosing nursing as a career. These women have definite assets related to their

motivation and life experiences, but also have special problems and life circumstances which influence their success.

The adult nursing student is influenced by many forces which may affect progress toward completion of a nursing program. In addition to internal forces such as motivation toward goal attainment and personal needs, the student is often faced with the responsibility for children, maintaining a home and achieving financial independence (Perry, 1986:13-15). Psychological factors such as fear of failure, guilt, role conflict, and low self-esteem frequently affect progress (Malarkey, 1979:15-19). Forces external to the student such as the program expectations, the organizational climate of the educational institution and the agencies in which clinical practice occurs, and the professional socialization process in becoming a nurse impact upon the student.

Studies over the past twenty years have identified sources of stress and satisfaction (Fox, 1967; Elfert, 1976; Sellek, 1982) and sources of stress (Garrett, 1976; McMaster, 1979) for nursing students, in the late adolescent to early adulthood stage of life (age eighteen to twenty-four). Most frequently, students were found to be most stressed in the clinical and academic aspects of their nursing programs, though personal and social relationship stressors were significant. Little research is available to examine aspects of nursing programs which may affect the progress of adult students in the completion of a nursing program.

Purpose of the Study

The purpose of the study was to examine aspects of a nursing program which, in the opinion of nursing students, hindered or facilitated their progress toward completion of the program. The

objective of this study was to identify facets perceived by students which facilitate progress or create difficulty for progress toward completion of a two-year college diploma nursing program and to rate the degree to which each of the facets were seen to affect program completion. In addition, the study examined the relationship between facets that facilitate or impede progress toward completion and student success as described by the student. Further, the extent of the relationship between facets which facilitate or impede progress and individual characteristics of students was investigated.

The Conceptual Framework

The forces impacting on the nursing student are portrayed in the conceptual model of Figure 1.1. The internal and external forces influence the adult learner and create conditions that are assumed to affect the progress toward completion of the nursing program. Some of these factors will facilitate progress, while others will create difficulty for progress. The model serves as an integrating structure for the entire study.

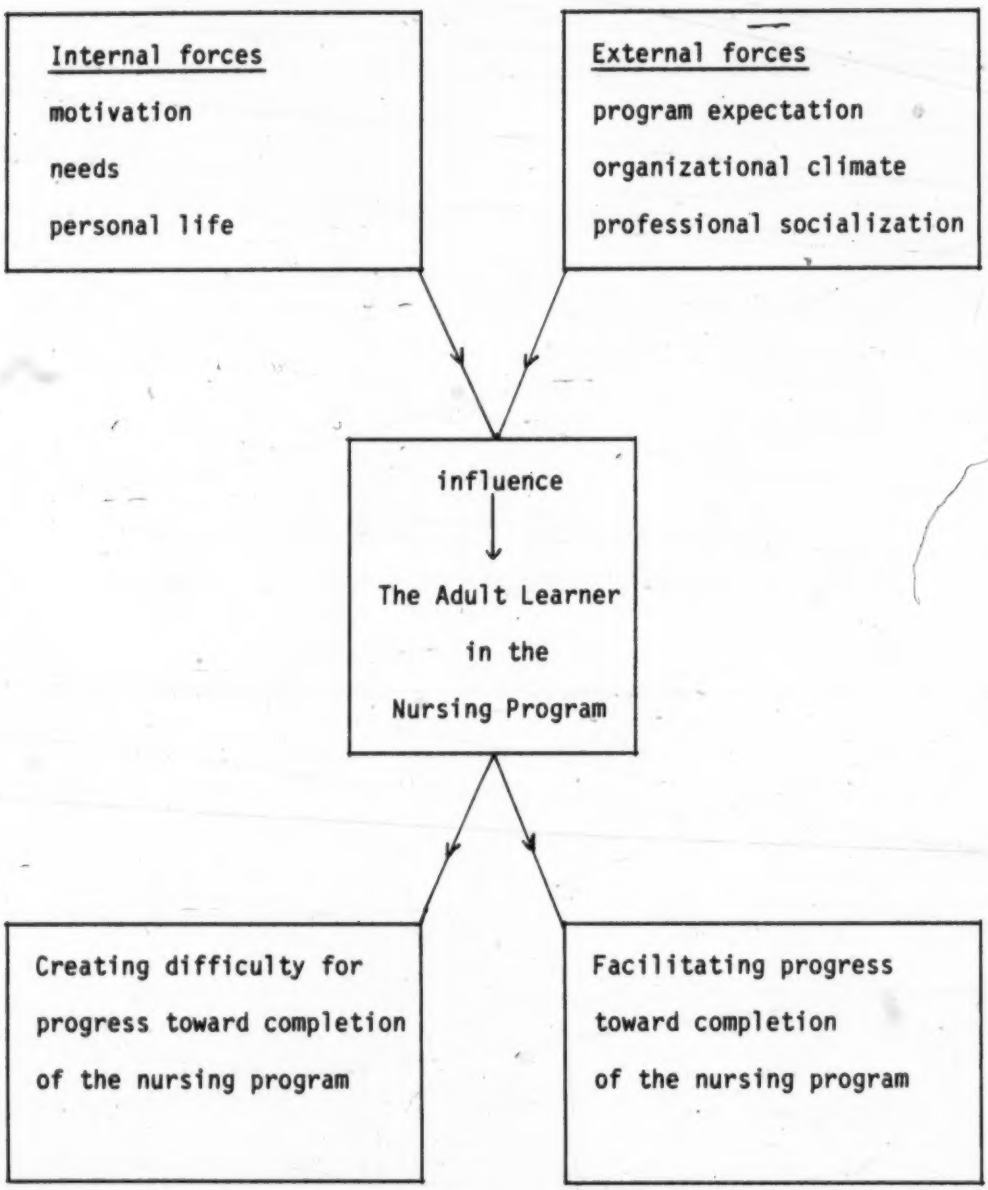

Figure 1.1 Conceptual Model

Statement of the Problem

Problem 1: Facets Inhibiting Progress

Sub-problem 1.1. Which facets are perceived by students to create difficulty for progress toward completion of a two-year nursing program?

Sub-problem 1.2. To what degree, in the student's perception, does each facet create difficulty for progress toward completion of the nursing program?

Sub-problem 1.3. Which facets are identified by students as creating the most difficulty in their progress toward completion of the nursing program?

Problem 2: Facets Facilitating Progress

Sub-problem 2.1. Which facets are perceived by students to facilitate progress toward completion of the nursing program?

Sub-problem 2.2. To what degree, in the student's perception, does each facet facilitate progress toward completion of the nursing program?

Sub-problem 2.3. Which facets are identified by students as being the most facilitative to their progress toward completion of the nursing program?

Problem 3: Factors Influencing Progress and Their Relationship to Individual Characteristics

Sub-problem 3.1. Which factors can be educed from a factor analysis of student perceptions of facets which influence their progress in the nursing program?

Sub-problem 3.2. What is the extent of the relationship between individual characteristics (age, years of previous work experience, grade twelve achievement level, highest education level after high school, marital status, children, current employment, previous occupation, sex, type of nursing program) and the factors perceived to affect the student's progress toward completion of the nursing program?

Sub-problem 3.3. What is the extent of the relationship between student rated success in clinical courses and average marks in nursing courses and the factors perceived to affect student progress toward completion of the nursing program?

Significance of the Study

Information obtained from this study concerning facets perceived by students to affect progress toward completion of a nursing program provided increased understanding of the adult student needs and insight into how these needs may be addressed by the college and the program. Relationships drawn between individual characteristics and facets perceived to facilitate or create difficulty may provide a profile of students for whom problems may be anticipated, enabling intervention. The study provided further input from a student perspective into planning program activities and development.

Definition of Terms

The following operational definitions serve to provide a basis for clarity and uniformity of understanding of the terms which are used repeatedly throughout the study.

Diploma Nursing Program refers to the two-year diploma nursing program offered by Grant MacEwan Community College. Graduates of the program are eligible to write the Canadian Nurses Association Testing Service (CNATS) comprehensive examination for nurses and to apply for registration with the Alberta Association of Registered Nurses (AARN).

Diploma Nursing Program (post R.P.N.) refers to a modified diploma nursing program offered by Grant MacEwan Community College, which is designed to allow students who are registered psychiatric nurses to obtain a nursing diploma in one year. Upon completion, students are eligible to write CNATS examinations and to apply for registration with the AARN. Students in the post RPN program join the diploma nursing program students for the latter part of year I and for year II.

Nursing Program refers to both of the above programs.

The Instructor refers to a nursing instructor who teaches in the classroom and clinical area in the nursing program at Grant MacEwan Community College.

The Student refers to an individual enrolled in the Diploma Nursing Program or Diploma Nursing Program (Post RPN) at Grant MacEwan Community College.

Social and personal aspects relate to experiences involving the emotional and physical state of individuals and their families and the extra-curricular relationships and activities.

Academic aspects refer to activities and experiences involving the classroom.

Clinical aspects refer to activities and experiences which involve the delivery of health care.

Delimitations and Limitations

The study surveyed, by means of a questionnaire, perceptions of one class of nursing students at a particular time in a two-year nursing program, with regard to facets which facilitate progress or create difficulty for progress toward completion of the program. The survey sample was restricted to one class of nursing students in the Grant MacEwan Community College Diploma Nursing Program and, therefore, the results of this study are not necessarily generalizable to students in other settings.

CHAPTER TWO

REVIEW OF THE LITERATURE

The review of the literature is arranged in three sections. The first section includes a discussion of the characteristics of the adult learner and the developmental stages of the adult's experience. In the second section, three theories related to adult learning are reviewed to form a basis for the conceptual framework of the study. The final section contains a summary of studies related to stressors and satisfiers for students in nursing education programs.

Section 1: The Adult Learner

The criteria for adulthood, according to Darkenwald & Merriam (1982:39), is based on sociocultural aspects and should include "psychological maturity and social roles" as well as age. They offer a definition (1982:77) that is relevant for the student in a two year college diploma nursing program:

> The adult, however, can be distinguished from a child or adolescent by his or her acceptance of the social roles and functions that define adulthood. The roles of wage earner, marriage partner, parent, decision-maker, and citizen all denote the independence characteristic of adulthood.

Further, adult education is described (1982:9) as a

> process whereby persons whose major social roles are characteristic of adult status undertake systematic and sustained learning activities for the purpose of bringing about changes in knowledge, attitudes, values, or skills.

These changes are an important part of the socialization process in educating nursing students.

A significant number of students in the two year college nursing program are women who re-enter the educational system after an

absence. These women have special strengths due to their maturity, motivation, and life experiences, but also have special educational and personal needs. Perry (1986:13) points out that educational costs, lack of financial aid, inadequate child care facilities, role conflict, and changing roles are problems encountered. Malarkey (1979:16) refers to the self-doubt of academic ability experienced by many mature women and the struggle to overcome previous inadequacies that may have been experienced in high school.

Developmental Stages of Adulthood

Erikson (1963:263-269) attributes three stages of development to adulthood: 1) Intimacy vs Isolation, in which relationships are established or avoided; 2) Generativity vs Stagnation, in which energies are used to create ideas and nurture or reject the younger generation; and 3) Ego Integrity vs Despair, in which one accepts oneself and mortality or manifests discontent and fear of death. Description of these stages increases understanding of the critical periods during which certain developmental issues predominate for the individual striving to maintain a "favorable ratio" (Darkenwald & Merriam, 1982:95) of the positive over the negative of each stage. Wallhead (1986:19-22) suggests that all of Erikson's stages of development be used to assist faculty to understand student behavior in order to be better equipped to help students progress through a nursing program, developing "hope, will, purpose, competence, fidelity, love, and wisdom" as functioning nurses.

Developmental tasks for three periods of adulthood are described by Havighurst (Darkenwald & Merriam, 1982:90). Societal pressure and personal aspirations combine to form needs for these tasks in the adult. Early adulthood involves selecting a mate, marriage and

children, establishing an occupation, and forming relationships. Middle age involves helping children to mature, civic and social responsibility, leisure activity, maintaining relationship with spouse, and accepting physical change. Late maturity involves preparing for retirement, adjusting to infirmity, reduced income, and loss of spouse.

Gail Sheehy (1976:40) identified predictable passages or crises of adulthood which motivate the adult to grow and develop or to stagnate. Movement to growth, she says (1976:30), depends on our feelings of ourselves in relation to others, our sense of safeness in our lives, our perception of the time left in our lives, and our sense of aliveness or stagnation. Two "passages" are particularly important for women. The "catch 30" passage (1982:41) is a time when previous life choices made in the early twenties are questioned by both men and women. Women, however, especially those who have been home with children, become anxious to expand their horizons and develop themselves. This creates a conflict with the spouse who has similar desires to further a career. Again, in the "Decline Decade" (1982:44), between thirty-five and forty-five, women especially feel an "urgency to review those options she has set aside and those that aging and biology will close off in the now foreseeable future" which is accompanied by an "exhilaration of release" and increasing assertiveness. Men, too, feel the squeeze of time and push to meet their goals. Disenchantment with career relationships may occur, causing marriage breakdown and change of career paths. Many men transfer energies from personal advancement and allow themselves to give more in relationships and to develop "an ethical self" (1982:45).

The effect on female students caught in the cross-purposes of the development of men and women is described by Malarkey (1979:17). The

older student "will continually be torn between a desire for personal growth and achievement, and awareness that she must consider the needs of the family also." Guilt and stress may affect the student's performance, her decision to continue in the program, and the decision of the partners to remain married. Further, as the student's self-confidence increases, relationships with her partner and family may change and create negative reactions.

In a study of re-entry women in a baccalaureate program, Bueche (1986:15-18) examined the level of development of re-entry women as compared to traditional age women. She hypothesized that there would be no difference in the two groups in developmental task achievement, in spite of age differences. She suggested that this might be due to a developmental lag because of a disturbance in the sequence of their development. Her findings revealed that there was no significant difference for developing tasks concerned with issues of education, career and lifestyle plans, and with establishing and maintaining meaningful relationships with the opposite sex or with peers. Re-entry women, however, were at a higher level of development for tasks concerned with developing autonomy, that is, they were less dependent on others and had greater ability to manage their own problems and pursue a goal. She suggests that it cannot be assumed that because of a student's age the appropriate developmental tasks have necessarily been mastered, and she challenges nursing faculties to be creative in facilitating the development of all women.

Section 2: Theories Relating to the Adult Learner

Three theories are presented which provide an increased understanding of the adult learner and a basis for the conceptual model.

Andragogical Theory of Adult Learning

Knowles' andragogical theory of adult learning (1978:35-59) describes "the art and science of teaching adults." This theory is based on four main assumptions which identify some of the unique characteristics of the adult learner:

i as a person reaches adulthood, the self-concept moves from one of dependency to self-directedness;

ii as an individual matures, a growing reservoir of experience is accumulated which is a rich resource for learning and a valuable contributor to self-identity;

iii the readiness of an individual to learn is related to the developmental phases in life; and

iv an adult enters an educational program with a time perspective in which immediacy of application of knowledge is anticipated, and has a problem-centered orientation to learning.

Theory of Human Motivation

Maslow's theory of human motivation (1954:80-92) is based on a hierarchy of human needs which serve to motivate the individual "to become the best that he is able to become;" that is, to self-actualize. The lowest level needs are those physiological needs necessary to maintain body function, such as the need for nutrition, elimination, and oxygen. The safety needs of security and protection are next. The need for love and belonging, to have self esteem, and to be self-actualized complete the hierarchy. While gratification of lower level needs releases the individual and allows one to strive to meet the higher need, total gratification ceases to be a strong

motivator. Behavior will be dominated by a lower level need if it is again unsatisfied. Maslow states that normal individuals are usually only partially satisfied with their basic needs. Further, the three lower level needs are usually met for most people, hence their motivational influence is reduced. However, the higher level needs continually motivate (Hoy & Meshel, 1982:141). This theory increases our understanding of human needs and the importance of a learning climate for the motivation of students to learn and develop.

Theory of The Self

Carl Rogers' Theory of the Self is based on three elements: "1) the organism, which is the total person; 2) the phenomenal field, which is the totality of experiences; and 3) the self, which is a differentiated portion of the ... field" (Rogers, 1969:288). The self is unique, can be real or ideal, and changes as a result of learning and maturation. Further, a discrepancy between the real self and the ideal self can motivate learning or lead to unhealthy coping behaviors. The goal of education is development of a fully functioning individual through "significant meaningful, experiential learning."

Experiential learning, according to Rogers (Darkenwald & Merriam, 1982:81), includes five qualities:

1. personal involvement -- the affective and cognitive aspects of a person should be involved in the learning event;
2. self-initiated -- a sense of discovering needs to come from within;
3. pervasive -- the learning makes impact on the behavior, attitudes, or personality of the learner;

4. evaluated by the learner -- the learner can best evaluate if the experience is meeting a need; and

5. essence is meaning -- when experiential learning takes place, its meaning to the learner becomes incorporated into his total experience.

This theory helps us understand how the student is motivated to develop and how experiential learning enhances socialization to nursing.

Watson (1981:19-23) defines professional socialization as "the process whereby the values and norms of a profession are internalized into one's own behavior and concept of self." Critical values, she suggests, are a commitment to service, the dignity and worth of the individual, a commitment to education and life-long learning, and autonomy as a profession. Further, internalization of these values by the student can be best expressed in the practice setting with direct patient contact in an environment which is supportive and allows for risk taking and decision making on the part of the student, that is, where experiential learning can occur.

Pasichnyk (1982) identified those behaviors most important for socialization of a nursing student to the profession as perceived by new graduates, unit supervisors, and faculty members. Behaviors identified included, among others, risk taking, decision making, accountability, establishing relationships, and those related to nursing intervention.

Section 3: Studies Related to Stressors and Satisfiers in Nursing Students

Several studies are presented which have examined sources of stress and satisfaction for students in basic diploma and degree

nursing programs. Most of the students participating in these studies were in the adolescent and early adulthood stages of development (ages 18-24) and, therefore, somewhat younger than the students in this study.

The focus of the following studies was on the identification of stressors and/or satisfiers. The focus of the present study is on the influence of various facets in the student's experience to impede or facilitate student progress in the program. In spite of the differences, these studies offer a useful basis for the development of a research instrument and for the comparison of findings.

A major study by Fox & associates (1963) investigated students' reactions to aspects of the nursing school experience in relation to their current year in the program, and reported six aspects to which students had high reactions of stress or satisfaction. These are the student's emotional state, co-ordination of class and clinical schedules, level of ability expected by clinical instructors, current feelings about nursing as a profession, working relationship within the hospital, and school rules and policies.

Garrett (1976:18) examined only those experiences considered stressful by nursing students, and compared the perceptions of students at three levels of the program. Stressful experiences were found to include academic pressures, personal problems and clinical problems relating to patient care, and relationships with the clinical instructor.

Elfert (1976:43), in a longitudinal study of students in a baccalaureate program, reported at the end of the second year of the program that mention of personal and academic experiences steadily decreased over the two years. Episodes of satisfaction and stress in

the clinical area increased in year two, with satisfaction being more predominant.

With the purpose of identifying sources of stress in developing profiles of concern for each of four classes, McMaster (1979:95) studied students in a Canadian baccalaureate nursing program. Her findings indicated that first year students were more stressed with academic and personal social aspects of their life, while during years two and three clinical concerns and instructor relationships surfaced as stressors. By year four, stress in all areas seemed to be considerably reduced.

Sellek's (1982) findings, in her study of students in a British diploma program, generally concurs with previous studies. The critical incidents reported in her study reveal that total patient care, patient progress, and evaluation were most satisfying, while most stressful were initial clinical experiences, evaluation, total patient care, and interpersonal relations with staff. It is noteworthy that total patient care and evaluation were perceived as both satisfiers and stressors.

Zujewskyj & Davis (1985) examined sources of stress and the effect on learning in third year baccalaureate nursing students. Academic workload, clinical instructor, and clinical evaluation were identified as the major stressors, and two-thirds of the students perceived the stress as hindering learning.

Kushner (1986) investigated the effects of the presence of an instructor on the behavior of second-year female nursing students, the mean age of which was twenty-two years. Anecdotal incidents describing interpersonal encounters and recorded by the students revealed that 1) three-quarters of stressful events occurred in novel situations and the remainder were evaluative; 2) instructor's behavior

was perceived as being evaluative, critical, and inconsiderate, occurring in ~~spite~~ of student's inexperience with the skill and the presence of the patient; and 3) the student responded with impaired memory and reduction of rationale thinking, tearful behavior and impaired performance, and feelings of anxiety, fear of failure, helplessness, and anger.

Personal problems, clinical practice, evaluation, and interaction with the instructor are important sources of stress for nursing students. Many worthwhile suggestions to assist faculties reduce stress for students are included in the recommendations in the aforementioned studies.

Finally, Morgan and Knox (1983:4-13) examined students' perceptions of clinical teaching and found that students wanted the instructor to be available, organized, to give clear instructions and explanations, and to guide or support as necessary. They liked clear standards and frequent feedback given privately. A manner which was supportive, approachable, enthusiastic, and flexible, with a sense of humor was seen to be helpful. The intimidating and nonsupportive instructor was seen to hinder learning.

CHAPTER THREE

METHODOLOGY

A descriptive survey was chosen as the research design to identify and rate the degree to which facets perceived by nursing students facilitated progress or created difficulty for progress toward completion of a two-year college nursing program. The methodology of this study is discussed in terms of the research instrument, the pilot test, the sample, data collection, and data analysis.

The Research Instrument

Data were obtained by means of a questionnaire which was developed specifically for the study. Facets which affect progress toward program completion were selected in the broad categories used by Fox (1967), Elfert (1976), Garrett (1976), and Zujewskyj and Davis (1985) in studies of stressors and satisfiers for nursing students, i.e., academic, clinical, personal, and social. In addition, facets pertaining to each area identified in the conceptual model for this study, namely organizational climate, program expectations, professional socialization (Pasichnyk, 1982), student motivation and needs, and other personal factors were selected. Facets addressing the unique nature of the adult female nursing student were also included (Malarkey, 1979).

Other facets evolved from a workshop with students from the Royal Alexandra School of Nursing. Verbal permission to conduct the workshop was obtained from the Director of Nursing of the institution. A brainstorming session was conducted, during which forty items which created difficulty for progress toward completion of their program

were identified. Each item was ranked according to the degree to which it created difficulty for progress. Students were also asked to list items that facilitated progress. Grant MacEwan Community College policies and Student Handbook, the writer's personal experience and professional judgement were used to generate further facets which affect progress. The resulting questionnaire comprised thirteen items concerning individual characteristics, sixty facets which related to influence of progress, two open-ended questions, and an opportunity for comments. The rating scale provided choices from greatly impeding progress with a score = 1, to greatly facilitating progress with a score = 7.

Eight nursing instructors in the Health Sciences Division at Grant MacEwan Community College completed the initial questionnaire in a preliminary assessment. Three instructors were in year one and three in year two of the nursing program, and were familiar with the program and the student population. The remaining two did not teach in the diploma program. The instructors were asked to complete the questionnaire, to note the time required for completion, and to make suggestions regarding terminology, format, and deletion or addition of items. They were also invited to comment critically on any aspect of the questionnaire.

As a result of their suggestions, changes were made in the wording of the instructions to the respondents, to the ranking instructions, to the ranking scale, and the term "impede" was changed to "create difficulties." The questionnaire was divided into three distinct parts. Part I included items concerning individual characteristics. Part II contained the facets influencing progress and the rating scale, and Part III provided two open-ended questions. Facets were grouped according to the categories of social and

personal, academic, and clinical. Three facets were considered to be too general and were deleted. One general item was divided into four specific facets. Two additional facets were added. The net result was that sixty-two facets influencing progress were included in the questionnaire. Facets that were found to elicit an obvious negative or positive response were changed, e.g., "illness" became "state of health" and "fatigue" became "state of rest." The open-ended questions were altered to be more specific, and the request for comments was deleted. The entire procedure, resulting in the final survey instrument, was designed to obtain maximum validity. The Spearman-Brown split-half reliability coefficient based on the population surveyed was .97.

Pilot Test

Twenty nursing students from year one of the Diploma Nursing Program at Grant MacEwan Community College were asked to complete the revised questionnaire. A brief introduction was given by the researcher. Seventeen questionnaires were returned. Changes which were made after the pilot test included the addition of one item of demographic data in Part I, further clarification in the wording in the rating scale in Part II, and adjustment to the open-ended questions in Part III. A copy of the final questionnaire is located in Appendix B.

The Sample

Eighty-five students in the second year of a two-year college diploma nursing program constituted the survey population. Eighty-one of these students entered second year in September, 1986, seven of

whom withdrew during the fall and winter terms. An additional five students who had previously withdrawn from the program returned to join the class for the 1987 winter term, and hence became part of the sample population. Permission was granted by the Dean, Health Sciences Division, Grant MacEwan Community College, to conduct the study with this student population. A copy of the letter granting permission is located in Appendix A.

Data Collection

The questionnaire was administered to seventy-seven students in two groups, by two nursing instructors, at the end of their respective classroom periods. The instructors were asked to read a memo to the students (Appendix A) from the researcher, concerning the purpose and implications of the study, the identity of the researcher, and the assurance of anonymity and confidentiality. The instructors had been directed by the researcher to request students to respond to the questionnaire immediately and to submit the questionnaire to the instructor before leaving the classroom. Instructors were also asked to list the names of the students responding to the questionnaire. Six students who were absent were provided with a questionnaire. The remaining eight students were surveyed by a mailed questionnaire, accompanied by an explanatory letter (Appendix A) from the researcher. Three responded. No further follow-up was carried out relating to the mailed questionnaires. In total, seventy-eight out of eighty-five (91.8%) submitted completed questionnaires.

Written instructions were provided in the questionnaire, which requested respondents to provide information as required: details about themselves in Part I, ratings of the degree of influence on

progress toward completion of the program for each facet listed in Part II, and major influences on progress in Part III.

Anonymity in the analysis of data was assured, and no connection between the respondent's name and the questionnaire was possible. Raw data were held confidential by the researcher. The questionnaire was approved by the Research Ethics Committee of the Department of Educational Administration, University of Alberta (Appendix C).

Data Analysis

Individual characteristics were analyzed according to frequency and percentage distribution. Facets were analyzed to determine the degree of influence using frequency, percentage distribution, and mean. As well, factor analysis was carried out on the sixty-two items to seek patterns of relationships. The relationships of the resultant seven factors and the individual characteristics of the respondents were examined by t-tests and analysis of variance.

The qualitative data from the open-ended questions were examined in order to elicit patterns that would provide insight to the influences that hinder or facilitate progress toward completion of the program. The procedure was a form of content analysis.

Conclusion

In this chapter, a description was presented of the development of the research questionnaire, the pilot testing of the questionnaire, the sample population, the procedure by which the data was collected, and the techniques used for the analysis of the data.

CHAPTER FOUR

ANALYSIS OF THE DATA

The purpose of this chapter is to report the results of the data analysis procedures used in this study. The chapter is divided into four sections. In the first section, individual characteristics of the respondents are described. Facets influencing progress are reported in section two according to the percentage distribution and the degree to which these items are perceived by nursing students to facilitate or hinder their progress in a two-year nursing program. In section three, a presentation is made of the facets arranged in rank order from the most facilitative to the most obstructive for progress toward completion of the program. In the final section of the chapter, a report is presented of facets creating the most difficulty or providing the most help as described by students in two open-ended questions in the survey questionnaire.

Section 1: Demographic Data

Of the sample population, nearly 90% of the students were female with a mean age of twenty-eight years. Approximately two-thirds were married, divorced, or separated. Some post-secondary education had been attained by just under 75% of the group, and nearly 90% of the students had work experience prior to entering the program. Their performance in the program was rated as very good to excellent in clinical practice by 65% of the students, and in theory courses by just under 60% of the students.

Table 4.1 contains data which relates to the frequency and distribution of the characteristics of the sample of 78 second year nursing students. A description of each variable is provided.

Age. Of respondents, 9% were under 21 years of age and 28.2% were between the ages of 21 and 25. The age group between 26 and 35 comprised 47.5% of the respondents. Just over 14% were between 36 and 45, and the remaining 3.9% of the respondents were over 45.

Sex. The ratio of females to males was approximately 8:1. Of the respondents, 88.5% were female and 11.5% were male.

Marital Status. Of the respondents, 42.3% were married and 7% reported other arrangements. Just over 19% were divorced or separated and 30.8% were never married.

Number of Children. The majority (64.1%) of the respondents had no children. Just over 7% had one child, 20.5% had two children, 5.1% had three children, 1.3% had four children, and 1.3% had five children.

Current Employment. Slightly less than half of the respondents in the sample were employed. Just over 32% worked 6 - 16 hours, 7.8% worked 17 - 24 hours, 2.6% worked 25 - 36 hours, and 3.9% worked over 36 hours per week. Those not employed while in the program comprised 53.2% of the group.

Approximately 87% of those who worked did so in a health related or service oriented occupation. The approximately 12% remaining were employed in business related or clerical occupations.

Employment Status of Spouse. Of the 40 respondents to whom this was applicable, 87.5% reported that the spouse was employed. In the remaining 12.5%, the spouse was unemployed.

Previous Work Experience. The mean for years of previous work experience was 6.58. Just over 11% of the respondents reported no previous work experience. Experience between one and five years was reported by 35.9%, between six and ten years was reported by 32%,

and 20.6% reported between eleven and twenty years of experience prior to entering the program.

Of the respondents who reported work experience prior to entering the program, 47.1% were employed in a variety of occupations such as waitressing, cashier, laborer, 38.7% were employed in health or service related occupations, and 14.2% were employed in business or clerical occupations.

Highest Level of Post Secondary Education. Approximately 25.6% of the respondents had not taken post secondary education courses. An equal number had a college diploma (19.2%) or university degree (6.4%). Respondents with business or vocational education comprised 20.5% of the sample. The remaining 28.2% had some college or university courses prior to entry to the program.

Grade XII Achievement Level. Almost 12% of respondents reported that their level of achievement in grade XII was over 80%, 49.4% reported achievement between 70 to 80%, 36.4% reported achievement between 60 to 69%, and 2.6% reported achievement between 55 to 59%.

Nursing Program Enrolled In. Nearly 81% of the respondents were enrolled in the Diploma nursing program. The remaining 19.2% were enrolled in the Diploma Nursing Program (post R.P.N.).

Success Ratings in Clinical Courses. Just over 48% of respondents rated themselves as performing in the "very good" category for clinical courses, while 31% viewed themselves as "average," 16.9% as "excellent," and 3.9% as "having some problems."

Average Course Marks in Theory Courses. In theory courses 20.5% reported marks that were "excellent," 37.2% reported "very good," 33.3% reported "average," and 9.0% reported marks at a "low pass" level.

Table 4.1

Frequency and Percentage Distribution of

Characteristics of Respondents

(N = 78)

Characteristic	f	%
Age		
Under 21	7	9.0
21 - 25	22	28.2
26 - 35	37	47.5
36 - 45	11	14.1
Over 45	1	1.3
Sex		
Female	69	88.5
Male	9	11.5
Marital Status		
Married	33	42.3
Divorced/Separated	15	19.2
Other	6	7.7
Never married	24	30.8
Number of Children		
0	50	64.1
1	6	7.7
2	16	20.5
3	4	5.1
4	1	1.3
5	1	1.3
Employment Status of Spouse*		
Employed	35	87.5
Unemployed	5	12.5

* N = 40 Not applicable for remainder of group.

Table 4.1 cont'd.

Characteristic	f	%
Nursing Program Enrolled In		
Diploma Nursing	63	80.8
Diploma Nursing (Post R.P.N.)	15	19.2
Current Employment		
Not employed	41	53.2
8 - 16 hours per week	25	32.5
17 - 24 hours per week	6	7.8
25 - 36 hours per week	2	2.6
Over 36 hours per week	3	3.9
No answer	1	
Current Occupation if Employed**		
Health/Service related	33	87.2
Business related/clerical	6	12.8
Years of Previous Work Experience		
No previous experience	9	11.5
1 - 5 years	28	35.9
6 - 10 years	25	32.0
11 - 20 years	16	20.6
Previous Occupation***		
Health/Service related	27	38.7
Business/Clerical	10	14.2
Variety	33	47.1

** N = 39 Not applicable for remainder of group.
*** N = 70

Table 4.1 cont'd.

Characteristic	f	%
Highest Level of Post Secondary Education		
None	20	25.6
Business or vocational certificate	16	20.5
Some college or university	22	28.2
College diploma	15	19.2
1 or more university degree	5	6.4
Grade Twelve Achievement Level		
Over 80%	9	11.7
70 - 80%	38	49.4
60 - 69%	28	36.4
55 - 59%	2	2.6
No answer	1	
Success Rating in Clinical Nursing Courses		
Excellent	13	16.9
Very Good	37	48.1
Average	24	31.2
Some problems	3	3.9
No answer	1	
Rating of Average Marks in Theory Courses		
Excellent	16	20.5
Very Good	29	37.2
Average	26	33.3
Low Pass	7	9.0

Section 2: Facets Facilitating or Hindering Progress

Student ratings of the facets influencing progress toward completion of the nursing program are reported in this section. The following research sub-problems are addressed:

Sub-problem 1.1. Which facets are perceived by students to create difficulty for progress toward completion of a two-year nursing program?

Sub-problem 1.2. To what degree, in the student's perception, does each facet create difficulty for progress toward completion of the program?

Sub-problem 2.1. Which facets are perceived by students to facilitate progress toward completion of the program?

Sub-problem 2.2. To what degree, in the student's perception, does each facet facilitate progress toward completion of the program?

Students were asked to report the degree to which each facet created difficulty for their progress or facilitated their progress toward completion of the nursing program. The response categories were labelled: "creates great difficulty in my progress" (= 1), "creates moderate difficulty in my progress" (= 2), "creates mild difficulty in my progress" (= 3), "does not affect my progress" (= 4), "mildly facilitates my progress" (= 5), "moderately facilitates my progress" (= 6), "greatly facilitates my progress" (= 7), and "not applicable to me."

The student ratings in these response categories according to frequency and percentage distribution for each facet are provided in Table 4.2. Missing cases are included in the "not applicable to me" category.

Examination of the data revealed that the range of the response ratings for fifty of the sixty-two facets influencing student progress encompassed all categories. Eight clinical, one academic, and three social and personal items exhibited a narrower range. "Unfamiliar equipment" and "unfamiliar situations" had a lesser facilitative influence, with a range of rating between "creates great difficulty" and "moderately facilitates." "Learning to evaluate patient response," "accountability for own actions," and "communication with the patient" showed a greater facilitative influence for progress with a range of rating between "creates mild difficulty" and "greatly facilitates." Also rated as being more facilitative were "patient assignments," "assuming responsibility for learning and meeting objectives," and "relationship with friends," which exhibited a range of response between "creates moderate difficulty" and "greatly facilitates." "College student services" had a response rating between "does not affect my progress" and "greatly facilitative;" however, the ratings "does not affect my progress" and "not applicable to me" accounted for nearly 80% of respondents. "Part time employment" was not applicable to nearly 40% of respondents and nearly 17% stated that this item had little effect on progress, while the remaining responses showed a rating between "creates great difficulty" and "moderately facilitates." Two other items showed differences. Nearly 54% of respondents indicated that "child care" was not applicable to them, and just over 19% stated this item had little effect on progress. While the range of response encompassed "created great difficulty" to "greatly facilitated," 23.3% of respondents found child care to create difficulty. "Relationship with partner" also was not applicable to nearly 22% of the group.

Facets Hindering Progress

Fifteen facets were perceived by over 50% of the respondents as creating difficulty for their progress toward completion of the program. Nine of these were perceived to create difficulty by more than 65% of respondents and include facets associated with personal and social aspects of the student's experience, especially with regard to rest, home responsibility, financial resources, and clinical aspects of the program, with particular regard to the unfamiliar, fear of making errors, and differences among instructors. These facets are listed in Table 4.3.

Facets Facilitating Progress

Thirty-five of the sixty-two facets were perceived by more than 50% of the respondents as being facilitative to progress toward completion of the program. Fourteen of those facets were deemed to be facilitative to progress by 85% of respondents, and include items associated with clinical aspects of the program, especially with regard to socialization to nursing, nursing intervention, and interaction with the instructor. These are listed in Table 4.4.

Table 4.2

Frequency and Percentage Distribution of Responses

Regarding Facets Influencing Progress

(N = 78)

Facet	Creates difficulty in progress toward completion: Great 1		Moderate 2		Mild 3		No Effect 4		Facilitates progress toward completion: Mildly 5		Moderately 6		Greatly 7		Not Applicable	
	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%
Social-Personal																
1. Financial resource	8	10.3	19	24.4	28	35.9	16	20.5	2	2.6	2	2.6	2	2.6	1	1.3
2. Part-time employment	1	1.3	11	14.1	11	14.1	13	16.7	5	6.4	6	7.7	-	-	31	39.8
3. Home responsibility	13	16.7	16	20.5	23	29.5	19	24.4	2	2.6	3	3.8	1	1.3	1	1.3
4. Relationship with partner	5	6.4	8	10.3	16	20.5	8	10.3	2	2.6	11	14.1	11	14.1	17	21.8
5. Assuming student role	5	6.4	11	14.1	25	32.1	19	24.4	6	7.7	6	7.7	4	5.1	2	2.6
6. State of rest	9	11.5	15	19.2	36	46.2	10	12.8	2	2.6	1	1.3	3	3.8	2	2.6
7. Child care	5	6.4	4	5.1	10	12.8	15	19.2	1	1.3	-	-	1	1.3	42	53.8
8. State of health	5	6.4	8	10.3	15	19.2	33	42.3	4	5.1	4	5.1	8	10.3	1	1.3
9. Time for personal pursuits	12	15.4	21	26.9	18	23.1	14	17.9	6	7.7	2	2.6	4	5.1	1	1.3
10. Self esteem	2	2.6	11	14.1	13	16.7	7	9.0	16	20.5	17	21.8	11	14.1	1	1.3

Table 4.2 cont'd.

Facet	Creates difficulty in progress toward completion: Great 1		Moderate 2		Mild 3		No Effect 4		Facilitates progress toward completion: Mildly 5		Moderately 6		Greatly 7		Not Applicable	
	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%
11. Relationship with other nursing students	1	1.3	4	5.1	-	-	8	10.3	11	14.1	35	44.9	19	24.4	-	-
12. Relationship with family	2	2.6	3	3.8	4	5.1	11	14.1	13	16.7	20	25.6	24	30.8	1	1.3
13. Relationship with friends	-	-	1	1.3	10	12.8	11	14.1	16	20.5	19	24.4	21	26.9	-	-
14. College student services	-	-	-	-	-	-	56	71.8	10	12.8	5	6.4	1	1.3	6	7.7
Academic																
15. Pre-program academic background	1	1.3	1	1.3	4	5.1	10	12.8	19	24.4	22	28.2	18	23.1	3	3.9
16. Academic workload	4	5.1	16	20.5	24	30.8	5	6.4	18	23.1	6	7.7	4	5.1	1	1.3
17. Academic scheduling	3	3.8	6	7.7	18	23.1	21	26.9	15	19.2	9	11.5	6	7.7	-	-
18. Level of difficulty of nursing theory courses	2	2.6	14	17.9	26	33.3	14	17.9	11	14.1	9	11.5	2	2.6	-	-
19. Pass mark 70%	4	5.1	11	14.1	23	29.5	19	24.4	10	12.8	7	9.0	4	5.1	-	-
20. Examinations	5	6.4	18	23.1	22	28.2	8	10.3	10	12.8	10	12.8	5	6.4	-	-
21. Workbooks	-	-	1	1.3	4	5.1	9	11.5	11	14.1	29	37.2	22	28.2	2	2.6

Table 4.2 cont'd.

Facet	Creates difficulty in progress toward completion: Great 1		Moderate 2		Mild 3		No Effect 4		Facilitates progress toward completion: Mildly 5		Moderately 6		Greatly 7		Not Applicable	
	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%
22. Textbooks	1	1.3	2	2.6	8	10.3	12	15.4	18	23.1	25	32.1	12	15.4	-	-
23. Classroom atmosphere	1	1.3	-	-	4	5.1	9	11.5	15	19.2	39	50.0	10	12.8	-	-
Clinical																
24. Clinical hours	4	5.1	6	7.7	17	21.8	14	17.9	8	10.3	16	20.5	13	16.7	-	-
25. Transportation and parking	9	11.5	16	20.5	19	24.4	24	30.8	3	3.8	2	2.6	3	3.8	2	2.6
26. Nursing unit atmosphere	3	3.8	11	14.1	12	15.4	3	3.8	21	26.9	17	21.8	10	12.8	1	1.3
27. Relationship with nursing unit staff	1	1.3	8	10.3	10	12.8	3	3.8	20	25.6	19	24.4	14	17.9	3	3.9
28. Unfamiliar situations	6	7.7	16	20.5	33	42.3	11	14.1	6	7.7	6	7.7	-	-	-	-
29. Unfamiliar equipment	7	9.0	19	24.4	31	39.7	9	11.5	7	9.0	5	6.4	-	-	-	-
30. Nursing skill development	2	2.6	8	10.3	12	15.4	3	3.8	14	17.9	28	35.9	11	14.1	-	-
31. Doing nursing act for first time	2	2.6	18	23.1	28	35.9	3	3.8	15	19.2	5	6.4	6	7.7	1	1.3

Table 4.2 cont'd.

Facet	Creates difficulty in progress toward completion: Great 1		Moderate 2		Mild 3		No Effect 4		Facilitates progress toward completion: Mildly 5		Moderately 6		Greatly 7		Not Applicable	
	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%
32. Acquiring knowledge to provide safe care	1	1.3	1	1.3	11	14.1	7	9.0	14	17.9	20	25.6	24	30.8	-	-
33. Fear of making errors	12	15.4	14	17.9	25	32.1	11	14.1	6	7.7	6	7.7	3	3.8	1	1.3
34. Learning to assess the patient	1	1.3	3	3.8	10	12.8	4	5.1	17	21.8	23	29.5	20	25.6	-	-
35. Learning to develop a plan of care	2	2.6	3	3.8	8	10.3	4	5.1	17	21.8	27	34.6	17	21.8	-	-
36. Learning to implement a plan of care	2	2.6	-	-	6	7.7	3	3.8	18	23.1	30	38.5	19	24.4	-	-
37. Learning to evaluate patient response to care	-	-	-	-	6	7.7	5	6.4	21	26.9	27	34.6	19	24.4	-	-
38. Nursing process plan assignments	5	6.4	5	6.4	9	11.5	1	1.3	21	26.9	24	30.8	13	16.7	-	-
39. Patient assignments	-	-	2	2.6	7	9.0	3	3.8	13	16.7	30	38.5	23	29.5	-	-

Table 4.2 cont'd.

Facet	Creates difficulty in progress toward completion: Great 1		Moderate 2		Mild 3		No Effect 4		Facilitates progress toward completion: Mildly 5		Moderately 6		Greatly 7		Not Applicable	
	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%
40. Exposure to body functions	1	1.3	-	-	16	20.5	41	52.6	9	11.5	7	9.0	4	5.1	-	-
41. Unexpected occurrences	1	1.3	8	10.3	26	33.3	15	19.2	14	17.9	9	11.5	5	6.4	-	-
42. Seriously ill and dying patient	2	2.6	4	5.1	21	26.9	16	20.5	12	15.4	17	21.8	4	5.1	2	2.6
43. Patient and family teaching	1	1.3	1	1.3	6	7.7	4	5.1	20	25.6	30	38.5	16	20.5	-	-
44. Recording and reporting	1	1.3	1	1.3	9	11.5	5	6.4	13	16.7	31	39.7	18	23.1	-	-
45. Learning to make decisions re patient care	1	1.3	2	2.6	9	11.5	-	-	9	11.5	31	39.7	26	33.3	-	-
46. Accountability for own own action	-	-	-	-	5	6.4	5	6.4	5	6.4	28	d35.9	35	44.9	-	-
47. Expectation to achieve increasing independence	2	2.6	1	1.3	7	9.0	2	2.6	3	3.8	32	41.0	31	39.7	-	-
48. Communication with patient	-	-	-	-	1	1.3	3	3.8	3	3.8	28	35.9	43	55.1	-	-

Table 4.2 cont'd.

Facet	Creates difficulty in progress toward completion: Great 1		Moderate 2		Mild 3		No Effect 4		Facilitates progress toward completion: Mildly 5		Moderately 6		Greatly 7		Not Applicable	
	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%
49. Collaboration with nursing team	1	1.3	-	-	5	6.4	2	2.6	5	6.4	31	39.7	34	43.6	-	-
50. High personal expectations	2	2.6	2	2.6	12	15.4	2	2.6	9	11.5	24	30.8	27	34.6	-	-
51. Instructor supervision	2	2.6	4	5.1	7	9.0	-	-	11	14.1	34	43.6	19	24.4	1	1.3
52. Resolution of conflict with instructor	3	3.8	5	6.4	2	2.6	18	23.1	11	14.1	17	21.8	9	11.5	13	16.7
53. Relationship with instructor	3	3.8	3	3.8	1	1.3	2	2.6	4	5.1	26	33.3	37	47.4	2	2.6
54. Receiving regular feedback	3	3.8	-	-	1	1.3	1	1.3	4	5.1	25	32.1	44	56.4	-	-
55. Learning time in clinical area prior to evaluation	4	5.1	1	1.3	10	12.8	2	2.6	11	14.1	23	29.5	25	32.1	2	2.6
56. Availability of instructor for learning needs	1	1.3	1	1.3	2	2.6	5	6.4	9	11.5	34	43.6	26	33.3	-	-

Table 4.2 cont'd.

Facet	Creates difficulty in progress toward completion: Great 1		Moderate 2		Mild 3		No Effect 4		Facilitates progress toward completion: Mildly 5		Moderately 6		Greatly 7		Not Applicable	
	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%
57. Assuming responsibility for learning and meeting objectives	-	-	2	2.6	3	3.8	2	2.6	13	16.7	35	44.9	23	29.5	-	-
58. Meeting clinical performance criteria	-	-	3	3.8	6	7.7	2	2.6	11	14.1	33	42.3	22	28.2	1	1.3
59. Formal clinical evaluation	1	1.3	3	3.8	6	7.7	6	7.7	16	20.5	26	33.3	19	24.4	1	1.3
60. Clinical self evaluation	3	3.8	4	5.1	5	6.4	17	21.8	21	26.9	17	21.8	10	12.8	1	1.3
61. Differences among instructors	14	17.9	18	23.1	22	28.2	4	5.1	8	10.3	5	6.4	5	6.4	2	2.6
62. Idealism vs reality in clinical area	9	11.5	11	14.1	32	41	8	10.3	3	3.8	6	7.7	7	9.0	2	2.6

Table 4.3

Nine Highest Ranking Facets Inhibiting Progress According to Percentage Distribution

N = 78

Rank		% Creates Difficulty	% Little Effect and Not Applicable	% Facilitates
1	State of rest	76.9	18.0	7.7
2	Unfamiliar equipment	73.1	11.5	15.4
3	Unfamiliar situations	70.5	14.1	15.4
4	Financial resources	70.5	23.1	7.7
5	Differences among instructors	69.2	10.3	23.1
6	Idealism vs reality in clinical area	66.7	15.4	20.5
7	Home responsibility	66.7	26.9	7.7
8	Fear of making errors	65.4	16.7	19.2
9	Time for personal pursuits	65.4	20.5	15.4

Table 4.4

Fourteen Highest Ranking Facets Facilitating Progress According to Percentage Distribution

N = 78

Rank		% Creates Difficulty	% Little Effect and Not Applicable	% Facilitates
1	Communication with patients	1.3	3.8	94.9
2	Receiving regular feedback regarding progress	5.1	1.3	93.6
3	Assuming responsibility for learning and meeting objectives in clinical area	6.4	2.6	91.0
4	Collaboration with nursing team	7.7	2.6	89.7
5	Availability of instructor for learning needs	5.1	6.4	88.5
6	Accountability for own actions	6.4	6.4	87.2
7	Relationship with instructor	9.0	5.1	85.9
8	Learning to implement a plan of care	10.3	3.8	85.9
9	Learning to evaluate the patient response to care	7.7	6.4	85.9
10	Learning to make decisions concerning patient care	15.4	0	84.6
11	Patient and family teaching	10.3	5.1	84.6
12	Patient assignments	11.5	3.8	84.6
13	Meeting clinical performance criteria	11.5	5.1	84.6
14	Expectation to achieve increasing independence	12.8	2.6	84.6

Contributors and Inhibitors

In order to examine more closely those facets which were rated as having great to moderate influence on progress toward the completion of the program, the ratings were collapsed to four values: "great to moderate difficulty", "mild difficulty, no effect, mildly facilitates," "greatly to moderately facilitates", and "not applicable." The data are presented in Table 4.5.

For the following discussion, only those facets which were seen to greatly to moderately contribute to progress toward completion of the program (henceforth called contributors) and those that created great to moderate difficulty for progress (henceforth called inhibitors) were considered. Those having only mild or no influence and those not applicable were disregarded in this analysis. These facets will be discussed in each of the areas of social and personal, academic and clinical.

Social and Personal. "Financial resource," "home responsibility," "state of rest," and "time for personal pursuits" were perceived by 30.7% - 42.3% of respondents to inhibit progress, and by less than 8% to contribute to progress toward completion of the program. Slightly more than 10% found that "child care" was an inhibitor, while only 1.3% perceived that child care contributed to progress. "Part time employment" for 15.4% of respondents was an inhibitor to progress. Only 8% stated that part time employment contributed to their progress toward completion of the program. "Relationship with partner," "assuming student role," "state of health," and "self esteem" inhibited progress for 16.1% - 20.5%, while for 12.8% - 35.9% those facets contributed to progress. Facets relating to relationships with other students, family, and friends were rated as contributors to progress by the majority (51.3% - 69.3%)

of respondents. Fewer than 7% found these relationships to inhibit progress. "College student services" was rated as a contributor to progress by 7.7% of respondents. Not one student stated that this service was an inhibitor.

Academic. "Pre-program academic background," "workbooks," "textbooks," and "classroom atmosphere" were facets rated as contributors to progress for 41.3% - 65.4% of respondents, while less than 4% rated these facets as inhibitors. "Academic workload," "academic scheduling," "level of difficulty of nursing theory courses," "pass mark 70%," and "examinations" were rated as inhibitors to progress by 11.5% - 29.5% of respondents and as contributors to progress by 12.8% - 19.2%.

Clinical. "Transportation and parking at the clinical agency," "unfamiliar situations," and "unfamiliar equipment" were found by 28.2% - 33.4% of respondents to inhibit progress, while less than 8% found these facets to contribute to progress.

The following items were rated by more than 10% of the respondents as being inhibitors and contributors to progress. "Clinical hours," "nursing unit atmosphere," and "relationship with the nursing unit staff" were rated as contributors for 34.6% - 42.3% of respondents, yet inhibitors for 11.6% - 17.9%. Items relating to nursing practice, such as "nursing skill development," "doing nursing activity for the first time," "fear of making errors," "nursing process plan assignments," and "unexpected occurrences" were found to be contributors for 11.5% - 50% and inhibitors for 11.6% - 33.3% of respondents. Contributors for 12.8% - 33.3% of respondents, "resolution of conflict with instructor," "differences among instructors," and "idealism vs reality" in the clinical area were found to be inhibitors for 10.2% - 41%.

The remainder of this analysis will refer to facets which were rated as contributors to progress by several respondents. Less than 10% of respondents rated these facets as inhibiting progress.

Learning to give patient care involves items such as "acquiring knowledge to provide safe care," "learning to assess, plan, implement, and evaluate patient care," "patient assignments," "patient and family teaching," "reporting and recording," and "learning to make decisions regarding patient care." These items were rated by 55.1% - 68% as being contributors to progress, while 2.6% - 6.4% rated them as inhibitors to progress. "Exposure to bodily functions" and "seriously ill and dying patients" were rated as contributors by 14.1% and 26.9%, respectively, while 1.3% and 7.7% respectively found these items to inhibit progress.

Items relating to attitudes and communication skills were rated as contributors to progress by 65.4% - 91% of respondents, while 0% - 5.2% rated them as inhibitors. These items include "accountability for own action," "expectation to achieve increasing independence," "communication with patients," "collaboration with the nursing team," "high personal expectations," "assuming responsibility for learning and meeting objectives," and "meeting clinical performance objectives."

"Instructor supervision," "relationship with instructor," "receiving regular feedback," "learning time prior to evaluation," "availability of instructor for learning needs," and "formal clinical evaluation" were rated by 57.5% - 88.5% of the respondents as contributing to progress. Only 2.6% - 7.7% felt these items to inhibit progress. "Clinical self evaluation" was found to be a contributor for 34.6%, while 8.9% of the respondents found it to be an inhibitor to progress toward completion of the program.

Summary. Nine facets, which were rated by fewer than 10% to be contributors, were perceived by respondents to be inhibitors to their progress. Thirty-two facets, which were rated by fewer than 10% of the respondents as inhibitors, were perceived as contributors to progress toward completion of the program. Twenty facets were rated by more than 10% of respondents to be contributors and inhibitors to progress. Only one item was rated by less than 10% of respondents as being a contributor or an inhibitor for progress toward completion of the program.

In Table 4.6, facets perceived by respondents to be inhibitors, contributors, and inhibitors and contributors are summarized.

Table 4.5

Frequency and Percentage Distribution of Responses Regarding Facets Influencing Progress (Collapsed Ratings)

(N = 78)

Facet	Creates great to moderate difficulty		Mild difficulty No effect Mildly facilitates		Greatly to moderately facilitates		Not applicable	
	f	%	f	%	f	%	f	%
Social-Personal								
1. Financial resource	27	34.7	46	59	4	5.2	1	1.3
2. Part-time employment	12	15.4	29	37.2	6	7.7	31	39.8
3. Home responsibility	29	37.2	44	56.5	4	5.1	1	1.3
4. Relationship with partner	13	16.7	26	33.4	22	28.2	17	21.8
5. Assuming student role	16	20.5	50	64.2	10	12.8	2	2.6
6. State of rest	24	30.7	48	61.6	4	5.1	2	2.6
7. Child care	9	10.5	26	33.3	1	1.3	42	53.8
8. State of health	13	16.7	52	66.6	12	15.4	1	1.3
9. Time for personal pursuits	33	42.3	38	48.7	6	7.7	1	1.3
10. Self esteem	13	16.7	36	46.2	28	35.9	1	1.3

Table 4.5 cont'd.

Facet	Creates great to moderate difficulty		Mild difficulty No effect Mildly facilitates		Greatly to moderately facilitates		Not applicable	
	f	%	f	%	f	%	f	%
11. Relationship with other nursing students	5	6.4	19	24.4	54	69.3	-	-
12. Relationship with Family	5	6.4	28	35.9	44	56.4	1	1.3
13. Relationship with friends	1	1.3	37	47.4	40	51.3	-	-
14. College Student Services	-	-	66	84.6	6	7.7	6	7.7
Academic								
15. Pre-program Academic Background	2	2.6	33	42.3	40	41.3	3	3.9
16. Academic Workload	20	25.6	47	60.3	10	12.8	1	1.3
17. Academic Scheduling	9	11.5	5.4	69.2	15	19.2	-	-
18. Level of Difficulty of Nursing Theory Courses	16	20.5	51	65.3	11	14.1	-	-
19. Pass Mark 70%	15	19.2	62	66.7	11	14.1	-	-
20. Examinations	23	29.5	40	51.3	15	19.2	-	-
21. Workbooks	1	1.3	25	30.7	51	65.4	2	2.6

Table 4.5 cont'd.

Facet	Creates great to moderate difficulty		Mild difficulty No effect Mildly facilitates		Greatly to moderately facilitates		Not applicable	
	f	%	f	%	f	%	f	%
22. Textbooks	3	3.9	38	48.8	37	47.5	-	-
23. Classroom atmosphere	1	1.3	28	35.8	49	62.8	-	-
Clinical								
24. Clinical hours	10	12.8	39	50	29	37.2	-	-
25. Transportation and parking	25	32	46	59	5	6.4	2	2.6
26. Nursing unit atmosphere	14	17.9	36	46.1	27	34.6	1	1.3
27. Relationship with nursing unit staff	9	11.6	33	42.2	33	42.3	3	3.9
28. Unfamiliar situations	22	28.2	49	64.1	6	7.7	-	-
29. Unfamiliar equipment	26	33.4	47	60.2	5	6.4	-	-
30. Nursing skill development	10	12.9	29	37.1	39	50	-	-
31. Doing nursing act for first time	20	25.7	46	58.9	11	14.1	1	1.3
32. Acquiring knowledge to provide safe care	2	2.6	32	41	44	56.4	-	-
33. Fear of making errors	26	33.3	42	53.9	9	11.5	1	1.3

Table 4.5 cont'd.

Facet	Creates great to moderate difficulty		Mild difficulty No effect Mildly facilitates		Greatly to moderately facilitates		Not applicable	
	f	%	f	%	f	%	f	%
34. Learning to assess the patient	4	5.1	31	39.7	43	55.1	-	-
35. Learning to develop a plan of care	5	6.4	29	37.2	44	56.4	-	-
36. Learning to implement a plan of care	2	2.6	29	34.6	49	62.9	-	-
37. Learning to evaluate patient response to care	-	-	32	41	46	59	-	-
38. Nursing process plan assignments	10	12.8	31	39.7	37	47.5	-	-
39 Patient assignments	2	2.6	23	29.5	53	68	-	-
40. Exposure to body functions	1	1.3	66	84.6	11	14.1	-	-
41. Unexpected occurrences	9	11.6	55	70.4	14	17.9	-	-
42. Seriously ill and dying patient	6	7.7	49	62.8	21	26.9	2	2.6
43. Patient and family teaching	2	2.6	30	38.4	46	59	-	-
44. Recording and reporting	2	2.6	27	34.6	49	62.8	-	-

Table 4.5 cont'd.

Facet	Creates great to moderate difficulty		Mild difficulty No effect Mildly facilitates		Greatly to moderately facilitates		Not applicable	
	f	%	f	%	f	%	f	%
45. Learning to make decisions re patient care	3	3.9	18	23	57	73	-	-
46. Accountability for own action	-	-	15	19.2	63	80.8	-	-
47. Expectation to achieve increasing independence	3	3.9	12	15.4	63	80.7	-	-
48. Communication with patient	-	-	7	8.9	71	91	-	-
49. Collaboration with nursing team	1	1.3	12	15.4	65	83.3	-	-
50. High personal expectations	4	5.2	23	29.5	51	65.4	-	-
51. Instructor supervision	6	7.7	18	23.1	53	68	1	1.3
52. Resolution of conflict with instructor	8	10.2	31	39.8	23	33.3	13	16.7
53. Relationship with instructor	6	7.6	7	9	63	80.7	2	2.6
54. Receiving regular feedback	3	3.8	6	7.7	69	88.5	-	-

Table 4.5 cont'd.

Facet	Creates great to moderate difficulty		Mild difficulty No effect Mildly facilitates		Greatly to moderately facilitates		Not applicable	
	f	%	f	%	f	%	f	%
55. Learning time in clinical area prior to evaluation	5	6.4	23	29.8	48	61.6	2	2.6
56. Availability of Instructor for Learning Needs	2	2.6	16	20.5	60	76.9	-	-
57. Assuming Responsibility for Learning and Meeting Objectives	2	2.6	18	23.1	58	74.4	-	-
58. Meeting Clinical Performance Criteria	3	3.8	19	24.4	55	70.5	1	1.3
59. Formal Clinical Evaluation	4	5.2	28	35.9	45	57.7	1	1.3
60. Clinical Self Evaluation	7	8.9	43	55.1	27	34.6	1	1.3
61. Differences Among Instructors	32	41	34	43.6	10	12.8	2	2.6
62. Idealism vs Reality in Clinical Area	20	25.6	43	55.1	13	16.7	2	2.6

Table 4.6

Facets with Great to Moderate Influence Rating

Inhibitors* (creates great to moderate difficulty)	Inhibitors and Contributors for more than 10% of respondents	Contributors** (greatly to moderately facilitates)
Social-Personal	**Social-Personal**	**Social-Personal**
Financial resource	Relationship with partner	Relationship with other students
Part-time employment	Assuming student role	Relationship with family
Home responsibility	State of health	Relationship with friends
State of rest	Self esteem	
Child care		
Time for personal pursuits		
	Academic	**Academic**
	Academic workload	Preprogram academic background
	Academic scheduling	Workbooks
	Level of difficulty of nursing theory courses	Textbooks
	Pass mark 70%	Classroom atmosphere
	Examinations	
Clinical	**Clinical**	**Clinical**
Transportation and parking at clinical agency	Clinical hours	Acquiring knowledge to provide safe patient care
Unfamiliar situations	Nursing unit atmosphere	Learning to assess the patient
Unfamiliar equipment	Relationship with nursing unit staff	Learning to develop a plan of care
	Nursing skill development	Learning to implement a plan of care
	Doing nursing activity for the first time	
	Fear of making errors	

* less than 10% chose this facet as contributor
** less than 10% chose this facet as inhibitor

Table 4.6 cont'd.

Inhibitors* (creates great to moderate difficulty)	Inhibitors and Contributors for more than 10% of respondents	Contributors** (greatly to moderately facilitates)
	Clinical	Clinical
	Nursing process plan assignments Unexpected occurrences Resolution of conflict with instructor Differences among instructors Idealism vs reality in the clinical area	Learning to evaluate patient response to care Patient assignments Exposure to bodily functions Seriously ill and dying patients Patient and family teaching Recording and reporting Learning to make decisions regarding patient care Accountability for own actions Expectation to achieve increasing independence Communication with patient Collaboration with nursing team High personal expectations Instructor supervision Relationship with instructor Receiving regular feedback Learning time prior to evaluation Availability of instructor for learning needs Assuming responsibility for learning and meeting objectives Meeting clinical performance criteria Formal clinical evaluation Clinical self evaluation

* less than 10% chose this facet as contributor
** less than 10% chose this facet as inhibitor

Section 3: Rank Order of Facets Influencing Progress

In Table 4.7, the facets influencing student progress included in the questionnaire are arranged in rank order based on the mean score for each item. The standard deviation for each facet is also provided. For computation of the mean score, the rating "not applicable to me" and the missing responses have been included with the rating "no effect."

In the respondent group as a whole, facets with a mean score above 4.5 were considered to facilitate progress toward completion of the program (contributors). Facets with a mean score between 3.5 and 4.49 were considered to have little effect on progress, and those with a mean score below 3.5 were considered to create difficulty for progress toward completion of the program (inhibitors).

Of the thirty-six facets which were seen as contributors, the six rated to be most facilitative were "communication with the patient," "receiving regular feedback regarding progress," "collaboration with the nursing team," "accountability for own action," "relationship with the instructor," and "availability of instructor for learning needs."

Ten facets were seen as inhibitors for progress. "Home responsibilities," "state of rest," "financial resources," "time for personal pursuits," and "unfamiliar equipment" were the five that created most difficulty for progress for the respondents.

Of the sixteen items that were found to have little effect on progress, five were concerned with the academic aspect of the program; i.e., "examinations," "academic workload," "level of difficulty of nursing theory courses," "pass mark 70%," and "academic scheduling," six were concerned with the social and personal aspects, for example, "assuming student role," "child care," "part-time employment," "state of health," "relationship with partner," and "college student

services," and five were related to the clinical aspect of the program, for example, "doing nursing activity for the first time," "unexpected occurrences," "exposure to bodily functions," "seriously ill and dying patients," and "clinical hours." However, while the mean scores indicate certain of these facets to have little effect on student progress, a significant percentage of respondents stated that these facets did indeed influence their progress to a great to moderate degree. For example, "relationship with partner" showed a mean score of 4.13, which is in the little effect range, yet 16.7% of respondents found this item to be an inhibitor and 28.2% found it to be a contributor, while 33.4% felt this relationship to have little effect on progress. Similarly, the "pass mark 70%" had a mean score of 3.7. Just under 67% rated this item as having little effect, while 19.2% found the "pass mark 70%" to be an inhibitor and 14.1% found it to be a contributor to progress.

Summary

Thus, the ranking by mean scores is indicative of the effect of an item on the group as a whole, and not on individuals. The more useful analysis may be the analysis by percentages, as given in Table 4.5. In spite of this, the ranking by mean scores provides general illuminating findings.

First, the majority of facets mentioned in the questionnaire were seen by the group as a whole as contributing toward completion of the program. This finding suggests that aspects of the program that are concerned with professional socialization, the organizational climate, and the enhancement and encouragement of student self-directedness and motivation are generally deemed to be successful by students in helping them to progress toward completion of the program.

Second, only ten items were viewed as inhibitors by the group as a whole. The identification of these more serious barriers to completion can be useful, especially if supplemented with other findings.

Third, almost one-quarter (16) of the facets were shown to have little effect by the group as a whole. However, in view of previously reported findings, Table 4.6, which indicates that several of these facets did inhibit and contribute to progress for over 10% of students, the influence of these items cannot be ignored.

Table 4.7

Rank Order of Facets According to Mean Scores

mean > 4.5 = facilitates progress
mean < 4.49 - > 3.5 little effect on progress
mean < 3.5 = inhibits progress

Rank	Facet	Mean Score	Standard Deviation
1	Communication with patient	6.40	.84
2	Receiving regular feedback regarding progress	6.26	1.30
3	Collaboration with nursing team	6.06	1.23
4	Accountability for own actions	6.06	1.17
5	Relationship with instructor	5.94	1.57
6	Availability of instructor for learning needs	5.90	1.21
7	Assuming responsibility for learning and meeting objectives in clinical area	5.86	1.15
8	Expectation to achieve increasing independence	5.86	1.48
9	Learning to make decisions regarding patient care	5.71	1.47
10	Relationship with other nursing students	5.70	1.18
11	Meeting clinical performance criteria	5.68	1.34
12	Patient assignments	5.68	1.32
13	Workbooks	5.65	1.25
14	Learning to evaluate patient response	5.62	1.54
15	Learning to implement plan of care	5.58	1.34
16	Patient and family teaching	5.50	1.29
17	Classroom atmosphere	5.49	1.15
18	High personal expectations	5.49	1.67
19	Instructor supervision	5.47	1.57
20	Recording and reporting	5.47	1.40

Table 4.7 cont'd.

Rank	Facet	Mean Score	Standard Deviation
21	Formal clinical evaluation	5.41	1.45
22	Acquiring knowledge to provide safe patient care	5.41	1.52
23	Relationship with family	5.40	1.57
24	Pre-program academic background	5.39	1.33
25	Learning time in clinical area prior to evaluation	5.38	1.72
26	Relationship with friends	5.35	1.41
27	Learning to assess the patient	5.33	1.54
28	Learning to develop a plan of care	5.31	1.54
29	Textbooks	5.14	1.39
30	Nursing process assignments	4.95	1.76
31	Relationship with nursing unit staff	4.91	1.65
32	Nursing skill development	4.89	1.71
33	Clinical self-evaluation	4.80	1.51
34	Resolution of conflict with instructor	4.65	1.51
35	Self esteem	4.54	1.75
36	Nursing unit atmosphere	4.54	1.76
37	Clinical hours	4.49	1.80
38	College student services	4.30	.65
39	Seriously ill and dying patients	4.30	1.46
40	Exposure to bodily functions	4.21	1.11
41	Relationship with partner	4.13	1.75
42	Academic scheduling	4.15	1.50
43	Unexpected occurrences	4.03	1.45
44	State of health	3.87	1.54

Table 4.7 cont'd.

Rank	Facet	Mean Score	Standard Deviation
45	Part-time employment	3.76	1.07
46	Pass mark 70%	3.73	1.49
47	Level of difficulty of nursing theory courses	3.68	1.43
49	Academic workload	3.67	1.59
50	Examinations	3.64	1.71
51	Child care	3.63	.96
52	Assuming student role	3.69	1.47
53	Idealism vs reality in clinical area	3.42	1.69
54	Fear of making errors	3.21	1.60
55	Transportation and parking	3.21	1.41
56	Unfamiliar situations	3.17	1.28
57	Differences among instructors	3.14	1.75
58	Unfamiliar equipment	3.06	1.29
59	Time for personal pursuits	3.05	1.57
60	Financial resources	3.00	1.28
61	State of rest	2.97	1.29
62	Home responsibilities	2.94	1.34

Section 4: Facet with the Most Influence on Progress as Identified by Students

Students were asked to specify conditions that created the greatest difficulty or provided the most help in their progress toward completion of the nursing program. Two research sub-problems are addressed:

Sub-problem 1.3. Which facets are identified by students as creating the most difficulty in their progress toward completion of the nursing program.

Sub-problem 2.3. Which facets are identified by students as being the most facilitative to their progress toward completion of the nursing program.

Analysis of these responses are presented under the categories of social and personal, academic, and clinical aspects.

Social and Personal Aspects

Inadequacy of time was found to be a major source of difficulty for several students. Some felt that family obligations took much of their time, one specifically citing that a divorce had increased responsibilities for children, while another stated that there was insufficient time to spend with family. Two described themselves as poor managers of time.

Time pressures, fatigue, and a lack of energy to socialize were seen as contributing to increased stress and hindering progress. Poor health and absent time due to illness were perceived as important inhibitors to progress for a few. Lacking financial resources, worrying about finances, trying to live within a reduced income, and working part-time increased stress for several, and was viewed as an

impediment toward completion of the program. One student mentioned that "living at home while going to school has been a problem, as my family and I don't get along well."

Many students attested to the value of support from family and peers as helpful to their progress in the program. Spousal support was particularly helpful. One student stated her appreciation of "a family that allowed me to lock myself away for days" to study. One student found that relaxation therapy offered by student services helped control anxiety, and hence facilitated progress. Personal feelings of loneliness were expressed and were frequently due to the necessity for the student to relocate, at least during clinical weeks, to access the program. This created financial strain, increased stress, and contributed to difficulties for progress toward completion of the program. One student referred to changes in the family atmosphere and a changing of roles with a spouse.

For some, assuming the student role was problematic while being "away from school for a long time," and maintaining motivation to study over the "long school year" was perceived by others as creating difficulty. One student stated that it was most difficult to "lower my own self-expectations and not to expect perfection." Many students stated that personal motivation was one of the key elements in their progress, e.g., "total interest in the field, a need to work with people, and a thirst for knowledge," "self-drive and a fear of failure," "high personal expectations," "recognizing failings as just that and a striving to change and correct," "being a mom gives me an added reason to achieve," and "knowing what I want from life." Maturity was viewed as helpful to progress, as was previous experience in the field and advanced standing in course work.

The respondent's concept of self, i.e., self-confidence and

esteem created the most difficulty for a few, e.g., "not knowing whether I can really do this work and being unsure of myself," "I sometimes doubt myself when I shouldn't," "low self-esteem," "not being accountable or having that attitude." One felt that courses in which "too much time is spent trying to change the person you are rather than helping you accept your limitations" caused some decrease in self-confidence.

Summary. In the social and personal aspect of the student's life, inadequacy of time for the student to meet personal and course demands, stress created because of effort to meet or failure to meet personal needs, and decreased self-confidence were identified as creating the most difficulty for progress. Self-motivation and peer and family support were deemed to provide the most help in this aspect for progress toward completion of the nursing program.

Academic Aspects

The "heavy workload" in year one and year two of the program was perceived by several to create the most difficulty for progress. Self-study projects and nursing care plan assignments contributed to this load. Several commented that classroom handouts were most beneficial, e.g., "saved me pouring over textbooks looking for answers to objectives," "modules and handouts save + + time," "able to listen in class." Three found that not having handouts was a real source of difficulty for various reasons, e.g., "hard to ask questions because concentrating on writing notes," "allows me to listen and not get upset because I can't write as fast as the instructor talks."

Several commented that the academic climate and learning resources were most helpful and referred to the benefits of modules, workbooks, class atmosphere, supportive fellow students, and

scheduling of classes. As one student related, "scheduling is great -- allows me to work part-time," and another "class time is beneficial, fun, and not too difficult," and "class one week and clinical the next is a real asset." Instructors and teaching methods were viewed by several as helpful, e.g., "staff is excellent and diverse." However, two respondents found teaching strategies created the most difficulty, e.g., "reading from a handout rather than constructing a class," and three found the reference resources inadequate.

Multiple-choice type examinations and the 70% pass mark were found by several to create the greatest obstacle to progress. The content to be tested, the large amount of material tested on each examination, as well as the need for longer examinations to adequately test the content were areas targeted as creating particular difficulty for progress toward completion of the program.

Summary. In the academic aspect of the program, classroom climate, the provision of handouts, instructors, and teaching methods were viewed as most helpful to progress, while the workload and examinations were thought to create the most difficulty in the student's progress toward completion of the program.

Clinical Aspects

The time spent in the clinical setting with hands-on experience was found to be the most beneficial for many students. The unit environment and the opportunity to meet and work with the unit staff was valuable for some, helped increase student confidence, and provided the opportunity to integrate theory with practice. Yet, for one student, this area created difficulties, as suggested by the comment, "that the student is always wrong seems to be a prevalent attitude. Nurses forget they were once learners." Several found the

interaction with the patient to be most helpful, as were "clinical assignments that include a variety of patients with a variety of needs." The uncertainties in clinical experience, such as "changing agencies and instructors," "moving from unit to unit," and "the fear of making errors and the need for more practice with procedures" were identified as creating the most difficulty by a few respondents. One found that developing asessment skills and "not being able to visualize all the diseases and equipment" created the most difficulty in progress toward completion of the program.

Many students stated that the relationship with the instructor was most helpful in progress. Some descriptors of these helpful relationships are as follows: "well organized and a great role model," "most helpful are instructors who are comfortable with themselves and their own capabilities,""quality, respect, and a sense of understanding," "accessible and willing to help," "humanness, patience and realism," "helps me to assert myself and try new things." Also found to be helpful were "being allowed independence," "provision of useful learning experiences," and "feedback from instructors." One quality that was found to create most difficulty for thirteen students was differences and inconsistencies among instructors. Examples expressed are "inconsistency in instructor expectations and evaluation," "each one has different ideas - not consistent," "discrepancies between instructors - prime examples are nursing care plans and classroom instructors," "the problem of having to adapt to each clinical instructor's quirks," "clinical instructor expectations and ways of teaching can vary quite a bit and this is difficult to deal with." One student, in commenting about the greatest difficulty for progress, stated that "clinical instructors appear at times to

have a preconceived idea of the kind of person you are and it becomes difficult to try and change their minds about you."

Summary. In the clinical aspect of the program, the nursing unit climate, nursing staff, and interaction with the patient were the most beneficial for progress toward completion of the program. While relationships with the instructors were generally deemed to be most helpful to progress, differences and inconsistencies among instructors were found by some students to create considerable difficulty. Also, unfamiliar learning situations created difficulty for progress toward completion of the program.

Respondents' Views of Difficulties Encountered

Inadequacy of time to meet personal and course demands, efforts to meet personal needs, lack of self-confidence, academic workload, examinations, differences among instructors, and unfamiliar learning situations were facets identified by respondents as creating the most difficulty for progress toward completion of the program.

Respondents' Views of Facilitators

Self-motivation, peer and family support, classroom climate, handouts, instructors and their teaching methods, the nursing unit climate, nursing unit staff, interaction with the patient, and relationship with the instructor were items identified by respondents as being the most helpful in their progress toward completion of the program.

Conclusion

In this chapter, an analysis of the research data was presented. This included the following:

1. a description of the individual characteristics of the sample population;
2. an examination of the facets which hindered or facilitated progress and the degree to which each facet functioned as a contributor or inhibitor;
3. an inspection of the facets ranked according to the mean score; and
4. an examination of respondents' views of items that most influenced their progress toward completion of the program.

CHAPTER FIVE

UNDERLYING SUB-GROUP DIFFERENCES

This chapter consists of two sections and examines the differences between sub-groups. Research Problem 3: Factors Influencing Progress and Their Relationship to Individual Characteristics is considered. In the first section, the results of an exploratory factor analysis of the facets influencing progress are presented. The relationships between the seven factors and selected student characteristics are reported in the second section.

Section 1: Factors Influencing Progress

In section 1, the following research problem is addressed:

Sub-problem 3.1. Which factors can be educed from a factor analysis of student perceptions of facets which influence their progress in the nursing program?

Nursing student responses for the sixty-two facets influencing progress were factor analyzed using varimax rotation. The purpose of this analysis was to seek patterns of relationships so that the data could be described by a smaller set of factors. An item was considered to contribute to the meaning of a factor if it possessed a loading value of .40 or greater and if it contributed logically to the meaning of the factor. Each facet with its respective loading on the seven factors is included in table 5.1. Each factor contains the items that load according to the criteria described above. Seven factors were selected from the varimax rotation accounting for 26.9, 6.5, 5.9, 4.8, 4.4, and 3.6%, respectively, of the variance for a total of 56.6%.

Seven facets loaded above .40 on more than one factor, and were

not used for factor interpretation. Three facets loading above .40 in each of two factors were used. In this case, the first loading value was high, with the facet contributing meaningfully to one factor, while the second loading value was marginal. Four facets did not load above .40 in any of the seven factors. The seven factors are described next.

Factor 1: Professional socialization. A student in a nursing program is required to develop certain skills and attitudes in order to be a successful graduate. Facets within Factor 1 relate to areas of nursing process, communication, and attitudes to which nurses are socialized. The use of the nursing process is a skill which encompasses learning to assess, plan, implement, and evaluate nursing care. Closely related to nursing process are facets such as nursing process plan assignments, reporting and recording, and patient assignments. Patient and family teaching, communication with patients, and collaboration with the nursing team are facets related to skill in communication. Learning to make decisions concerning patient care, accountability and responsibility for learning and meeting objectives in the clinical area, and meeting clinical performance criteria are related to the attitudinal expectations of a nurse.

Factor 2: Interaction with the instructor. This factor includes facets which indicate the relationship between the instructor and the student and those functions fulfilled by the instructor which are associated with the student's learning, motivation, and evaluation of the student's progress.

Factor 3: Unfamiliar learning experiences. The facets loading in this factor are those unfamiliar or first-time experiences encountered during clinical practice within the program. In order to

meet learning objectives, students are assigned to a variety of patients and exposure to new situations is common. Developing a broad base of nursing skills is desirable and involves doing a skill for a first time. The nature of nursing is such that the unexpected will occur and the seriously ill and dying patient will be encountered.

Factor 4: Learning resources and climate. This factor is loaded with facets that involve the atmosphere in the classroom and on the nursing unit where the student interacts closely with the nursing staff. While workbooks, textbooks, and course content are important learning resources so, too, are the nursing units, the patients, and the staff.

Factor 5: Personal needs. The facets included in Factor 5 are those which relate to the individual's physical and emotional health, the need for rest, relaxation and recreation, and the adequate financial resources to meet these personal needs.

Factor 6: Relationships. Facets indicating the student's relationships with other nursing students, with family, friends, and partner comprise this factor.

Factor 7: Demands on the student. The facets loading in Factor 7 are related to the responsibilities the students experience in their personal life, as well as in the program, and are to a great extent interrelated. Home responsibilities influence the student's ability to manage academic workload, while academic scheduling may well affect the student's plans for child care.

The mean scores of seven factors are listed in rank order in Table 5.2. The greatest difficulty experienced was with Factor 5 "Personal needs," followed by Factor 7 "Demands on the student" and Factor 3 "Unfamiliar learning experiences." The factors that appeared as greatest contributors were Factor 1 "Professional socialization,"

Factor 2 "Interaction with the instructor," Factor 4 "Learning resources and climate," and Factor 6 "Relationships."

The subscale scores on the seven factors were used to examine the differences between the various sub-groups in the sample.

Table 5.1

Varimax Factor Solution for 62 Facets Influencing

Progress Using Seven Factors

Influencing facets	1 Professional socialization	2 Interaction with instructor	3 Unfamiliar learning experiences	4 Learning resources and climate	5 Personal needs	6 Relationships	7 Demands on the student
35. Learning to develop plan of care	.800	.184	.077	.214	-.037	.046	.245
39. Patient assignments	.788	.191	.181	.064	.053	-.026	.013
36. Learning to implement plan of care	.771	.214	.170	.193	-.107	.059	.199
37. Learning to evaluate patient response to care	.755	.174	.196	-.081	-.020	.162	.075
34. Learning to assess the patient	.742	.296	.234	.157	-.190	.005	.084
45. Learning to make decisions concerning patient care	.735	.200	.254	-.016	.169	-.162	.063
38. Nursing process plan assignments	.665	.260	-.046	.129	-.012	.120	.114
43. Patient and family teaching	.650	.207	.283	.129	.270	-.029	.030
46. Accountability for own actions	.569	.345	.292	-.175	.257	.030	.020
58. Meeting clinical performance criteria	.538	.359	.215	.025	.354	.057	-.099
57. Assuming responsibility for learning and meeting objectives in clinical area	.547	.386	.250	.073	.324	.043	-.191

Table 5.1 cont'd.

Influencing facets	1 Professional socialization	2 Interaction with instructor	3 Unfamiliar learning experiences	4 Learning resources and climate	5 Personal needs	6 Relationships	7 Demands on the student
49. Collaboration with nursing team	.524	.064	.031	.176	.256	-.063	-.337
48. Communication with patients	.464	.251	.068	-.193	.311	.151	-.093
44. Recording and reporting	.593	.115	.405	.124	.221	-.061	.066
53. Relationship with instructor	.122	.772	.134	.080	-.040	-.023	.030
54. Receiving regular feedback regarding progress	.188	.779	-.050	.100	-.033	-.040	.163
56. Availability of instructor for learning needs	.179	.769	-.058	.289	.109	.149	.080
59. Formal clinical evaluation	.396	.694	.021	.072	.024	-.073	.019
51. Instructor supervision	.179	.673	.114	.063	.017	.263	.158
52. Resolution of conflict with instructor	.180	.650	.299	-.051	.010	-.106	.050
55. Learning time in clinical area prior to evaluation	.197	.601	.033	.161	-.034	.307	-.082
60. Clinical self evaluation	.329	.586	-.017	.164	.154	.037	.026
61. Differences among instructors	.199	.504	.218	.163	.196	-.043	-.281
50. High personal expectations	.327	.434	.173	.062	.076	.238	.189

Table 5.1 cont'd.

Influencing facets	1 Professional socialization	2 Interaction with instructor	3 Unfamiliar learning experiences	4 Learning resources and climate	5 Personal needs	6 Relationships	7 Demands on the student
29. Unfamiliar equipment	.037	.050	.818	.124	.198	.031	.172
28. Unfamiliar situations	.036	.115	.765	.123	.197	-.052	.127
31. Doing nursing activity for first time	.244	-.087	.735	-.039	.057	.133	.142
41. Unexpected occurrences	.247	.138	.716	-.044	-.215	.252	.036
30. Nursing skill development	.406	.025	.610	.186	.083	.185	-.023
42. Seriously ill and dying patients	.334	.350	.464	-.014	-.247	.191	.004
40. Exposure to bodily functions, secretions, and excretions	.236	.318	.417	-.351	-.232	.268	-.126
22. Textbooks	.121	.057	-.052	.761	.105	.081	.107
23. Classroom atmosphere	.089	.237	.048	.701	-.049	.129	-.014
27. Relationship with nursing unit staff	.270	.186	.246	.643	.100	.003	-.341
26. Nursing unit atmosphere	.267	.244	.234	.629	.136	.112	.329
21. Workbooks	.134	.043	.055	.630	-.068	.153	.123
15. Pre-program academic background	-.233	.105	.130	.492	-.025	.068	.189

Table 5.1 cont'd.

Influencing facets	1 Professional socialization	2 Interaction with instructor	3 Unfamiliar learning experiences	4 Learning resources and climate	5 Personal needs	6 Relationships	7 Demands on the student
8. State of health	-.001	.137	.157	.069	.673	.226	.003
6. State of rest	.140	-.025	-.031	.088	.647	.148	.239
9. Time for personal pursuits	.034	.067	-.044	.106	.621	-.141	.148
1. Financial resources	.045	-.161	.028	-.113	.536	.049	-.075
10. Self esteem	.123	.204	.185	.239	.420	.381	.088
12. Relationship with family	.039	-.001	.055	.175	-.014	.745	-.112
11. Relationship with other nursing students	-.182	.033	.103	.152	-.020	.678	.120
13. Relationship with friends	-.151	.137	.109	.059	.215	.618	-.121
4. Relationship with partner	.121	-.097	.073	-.178	.121	.512	.194
16. Academic workload	.048	.194	.243	.275	.226	-.059	.593
18. Level of difficulty of nursing theory courses	.264	.092	.441	.272	.115	-.164	.552
3. Home responsibility	.251	.052	.070	-.022	.120	.383	.461
17. Academic scheduling	.240	.367	.147	.180	-.041	.328	.412
7. Child care	.122	.057	.236	-.216	.348	.157	.407

Table 5.1 cont'd.

Influencing facets	1 Professional socialization	2 Interaction with instructor	3 Unfamiliar learning experiences	4 Learning resources and climate	5 Personal needs	6 Relationships	7 Demands on the student
47. Expectation to achieve nursing independence	.616	.529	.086	.000	.152	-.013	.173
32. Acquiring knowledge to provide safe patient care	.490	.127	.500	.028	.060	.213	-.126
33. Fear of making errors	.477	.034	.529	.175	.029	.131	.106
62. Idealism vs reality in clinical area	.168	.461	.447	.217	.064	-.051	-.124
14. College student services	.061	-.444	.139	.073	.069	.153	-.418
19. Pass mark 70%	.208	.096	.493	.459	.131	-.132	.466
20. Examinations	.290	.095	.425	.383	.202	-.074	.401
2. Part-time employment	.205	.129	.231	-.058	.350	-.107	-.029
24. Clinical hours	.266	.037	.130	.192	-.162	.335	-.013
25. Transportation and parking at clinical agency	.126	.062	.194	.047	.007	.184	-.083
5. Assuming student role	.397	.020	.028	.089	.331	.381	-.071
Eigenvalue	16.65	4.0	3.67	2.96	2.87	2.70	2.22
Percentage of total variance	26.9	6.5	5.9	4.8	4.6	4.4	3.6
Percentage common variance	47.5	11.5	10.4	8.5	8.1	7.8	6.4

Table 5.2

Mean Scores of Seven Factors in Rank Order

Rank		Factor	Mean Score
1	Factor 1	Professional socialization	5.73
2	Factor 2	Interaction with instructor	5.25
3	Factor 4	Learning resources and climate	5.17
4	Factor 6	Relationships	5.14
5	Factor 3	Unfamiliar learning experiences	3.90
6	Factor 7	Demands on the student	3.61
7	Factor 5	Personal needs	3.14

Section 2: Differences between sub-groups

The relationship between seven factors and selected individual characteristics of the respondents is reported in this section. Two research problems are addressed.

Sub-Problem 3.2. What is the extent of the relationship between individual characteristics (age, years of previous work experience, grade twelve achievement level, highest education level after high school, marital status, children, current employment, previous occupation, sex, type of nursing program) and the factors perceived to affect the student's progress toward completion of the nursing program.

Age. Examination of the data revealed some distinctions between age groups, however, none of these differences were statistically significant (see Table 5.3).

Years of previous work experience. There was no statistically significant difference between the groups for this variable (see Table 5.4).

Grade twelve achievement level. No statistically significant difference was found between the groups for high school achievement levels (see Table 5.5).

Highest education level after high school. No statistically significant differences were evident between the groups for this variable (see Table 5.6).

Table 5.3

Analysis of Variance by Age Groups

Factor	< 25 years N = 29 $\bar{X}$	sd	26 - 35 years N = 37 $\bar{X}$	sd	> 36 years N = 12 $\bar{X}$	sd	F ratio	Sig. Diff. Groups
1. Professional socialization	5.73	.70	5.56	1.09	5.77	1.29	.33	--
2. Interaction with instructor	5.38	.73	5.09	1.32	5.38	1.04	.66	--
3. Unfamiliar learning experiences	4.15	1.11	3.78	1.06	3.64	.72	1.46	--
4. Learning resources and climate	5.07	1.05	5.08	1.01	5.79	.85	2.60	--
5. Personal needs	3.52	1.16	3.47	.89	3.45	1.01	.03	--
6. Relationships	5.11	1.13	5.29	.92	4.75	1.30	1.19	--
7. Demands on the student	3.94	.67	3.45	1.09	3.33	.92	2.90	--

Table 5.4

Analysis of Variances by Years Previous Work Experience

Factor	0 years N = 9 $\bar{X}$	sd	1 - 5 years N = 28 $\bar{X}$	sd	6 - 10 years N = 25 $\bar{X}$	sd	> 11 years N = 16 $\bar{X}$	sd	F ratio	Sig. Diff. Groups
1. Professional socialization	5.81	.37	5.56	.95	5.70	.93	5.68	1.38	.18	--
2. Interaction with instructor	5.71	.68	5.03	1.12	5.28	.83	5.31	1.50	.96	--
3. Unfamiliar learning experiences	3.83	.63	4.07	1.22	3.79	.93	3.81	1.12	.39	--
4. Learning resources and climate	4.76	1.04	5.09	1.14	5.19	.82	5.59	1.03	1.48	--
5. Personal needs	3.36	.71	3.72	1.07	3.49	1.13	3.15	.76	1.17	--
6. Relationships	4.83	1.15	5.14	1.12	5.43	.89	4.86	1.13	1.25	--
7. Demands on the student	3.73	.89	3.74	.85	3.68	1.03	3.23	1.0	1.14	--

Table 5.5

Analysis of Variances by Grade 12 Achievement Level

Factor	over 80% N = 9 $\bar{X}$	sd	75 - 80% N = 24 $\bar{X}$	sd	70 - 74% N = 14 $\bar{X}$	sd	65 - 69% N = 23 $\bar{X}$	sd	50 - 64% N = 7 $\bar{X}$	sd	F ratio	Sig. Diff. Groups
1. Professional socialization	5.70	1.04	5.65	1.04	5.78	.58	5.45	1.21	5.88	.61	.38	--
2. Interaction with instructor	5.08	1.60	5.14	1.22	5.55	.63	5.36	.99	4.90	1.04	.60	--
3. Unfamiliar learning experiences	3.89	.93	3.79	1.03	3.67	.88	3.98	1.19	4.45	1.14	.73	--
4. Learning resources and climate	5.35	1.54	5.19	.98	5.08	1.18	5.01	.88	5.67	.49	.62	--
5. Personal needs	3.89	1.19	3.57	1.11	3.46	.84	3.30	1.04	3.34	.55	.63	--
6. Relation-ships	5.17	.94	5.13	1.10	4.82	1.34	5.32	1.03	5.11	.71	.48	--
7. Demands on the student	3.42	1.12	3.63	.94	3.49	.84	3.62	1.00	3.94	1.00	.35	--

Table 5.6

Analysis of Variance by Highest Education Level After High School

Factor	None N = 20 $\bar{X}$	sd	Some College or University N = 38 $\bar{X}$	sd	University Degree or College Diploma N = 20 $\bar{X}$	sd	F ratio	Sig. Diff. Groups
1. Professional socialization	5.62	1.08	5.67	1.01	5.68	.91	.02	--
2. Interaction with instructor	5.06	.98	5.30	1.23	5.33	.92	.41	--
3. Unfamiliar learning experiences	3.75	.95	3.92	1.03	4.01	1.19	.33	--
4. Learning resources and climate	5.05	1.02	5.08	1.15	5.52	.67	1.43	--
5. Personal needs	3.24	1.02	3.50	1.04	3.71	.90	1.01	--
6. Relationships	5.04	.84	5.25	1.13	5.04	1.17	.38	--
7. Demands on the student	3.43	1.00	3.58	.86	3.85	1.06	1.01	--

Marital status. A significant difference was found between the married students and the unmarried students on the factor "Demands on the student" (see Table 5.7). The married group perceived this factor to create greater difficulty for progress toward completion of the program than did the unmarried group.

Children. Only one significant difference was found between respondents with children and those without. Factor 7 "Demands on the student" created greater difficulty for progress toward completion for students with children (see Table 5.8).

Current employment. Respondents were categorized into three groups: not employed, working less than sixteen hours per week, and working more than seventeen hours per week (see Table 5.9). Those who worked less than sixteen hours per week perceived Factor 7 "Demands on the student" to be less problematic for progress than did those who did not work -- the difference significant at a 0.01 level.

Previous occupation. A significant difference existed between those students who had previous experience in a health-related or service oriented occupation, and those who worked at other occupations. Factor 7 "Demands on the student" created more difficulty for progress toward completion of the program for those respondents with previous experience in other occupations (see Table 5.10).

Table 5.7

Analysis of Variance by Marital Status

Factor	Married N = 39 $\bar{X}$	sd	Divorced or Separated N = 15 $\bar{X}$	sd	Never Married N = 24 $\bar{X}$	sd	F ratio	Sig. Diff. groups
1. Professional socialization	5.53	1.12	5.83	1.07	5.75	.68	.64	--
2. Interaction with instructor	5.19	1.11	5.21	1.47	5.36	.78	.19	--
3. Unfamiliar learning experiences	3.83	1.05	3.98	.79	3.96	1.19	.16	--
4. Learning resources and climate	5.07	.99	5.50	1.29	5.18	.87	.97	--
5. Personal needs	3.43	.97	3.67	.78	3.47	1.19	.30	--
6. Relationships	5.29	1.04	5.23	1.18	4.83	1.00	1.49	--
7. Demands on the student	3.32	.91	3.67	1.12	4.05	.73	4.81**	3 > 1

** Significant beyond .05 level.

Table 5.8

Analysis of Variance by Children

	Factor	No Children N = 50 $\bar{X}$	sd	Children N = 28 $\bar{X}$	sd	T Value
1	Professional socialization	5.69	.91	5.60	1.14	.37
2	Interaction with instructor	5.30	.96	5.15	1.30	.57
3	Unfamiliar learning experiences	4.00	1.07	3.72	.99	1.14
4	Learning resources and climate	5.06	.94	5.40	1.14	-1.43
5	Personal needs	3.55	1.01	3.38	1.00	.71
6	Relationships	5.26	1.10	4.94	.99	1.27
7	Demands on the student	4.01	.73	2.90	.88	5.97**

** Significant beyond .01 level.

Table 5.9

Analysis of Variance by Current Employment

Factor	Not Employed N = 41 $\bar{X}$	sd	< 16 hours/week N = 25 $\bar{X}$	sd	> 27 hours/week N = 11 $\bar{X}$	sd	F ratio	Sig. Diff. Groups
1. Professional socialization	5.55	1.06	5.69	.93	5.86	.85	.45	--
2. Interaction with instructor	5.19	1.09	5.16	1.13	5.50	1.00	.41	--
3. Unfamiliar learning experiences	3.64	.83	4.19	1.27	4.12	1.05	2.6	--
4. Learning resources and climate	5.09	1.09	5.13	.92	5.56	.95	.97	--
5. Personal needs	3.35	1.01	3.47	.91	3.82	.97	1.00	--
6. Relationships	5.07	1.08	5.15	1.10	5.39	1.01	.37	--
7. Demands on the student	3.27	.85	4.12	.72	3.67	1.27	7.28**	2 > 1

** Significantly different at 0.05 level.

Table 5.10

Analysis of Variance by Previous Occupation

Factor	Health Related N = 27 $\bar{X}$	sd	Not Health Related N = 51 $\bar{X}$	sd	T Value
1. Professional socialization	5.55	1.01	5.7	--	-0.69
2. Interaction with instructor	5.30	--	5.22	1.17	.32
3. Unfamiliar learning experiences	3.89	1.19	3.90	--	-0.03
4. Learning resources and climate	5.25	1.05	5.15	1.01	.42
5. Personal needs	3.69	1.02	3.38	--	1.30
6. Relationships	4.94	1.10	5.25	1.04	-1.25
7. Demands on the student	3.92	.83	3.45	.98	2.11**

** Significant beyond 0.05 level.

Sex. Only one significant difference was found between female and male students. Female nursing students perceived Factor 6 "Relationships" to be a greater facilitator toward their progress in completing the program than did the male students (see Table 5.11).

Type of nursing program. Between the diploma students (post R.P.N.) and the diploma students, there was a significant difference on Factor 3 "Unfamiliar learning experiences." Diploma students (post R.P.N.) were inhibited less in their progress toward completion of the program than the diploma students (see Table 5.12).

Table 5.11

Analysis of Variance by Sex

Factor	Male N = 9 $\bar{X}$	sd	Female N = 69 $\bar{X}$	sd	T Value
1. Professional socialization	5.57	1.36	5.67	.94	-0.28
2. Interaction with instructor	5.11	1.75	5.26	.99	-0.39
3. Unfamiliar learning experiences	4.35	1.34	3.84	1.00	1.38
4. Learning resources and climate	5.35	1.29	5.16	.99	.52
5. Personal needs	3.60	.79	3.47	1.03	.36
6. Relationships	4.39	1.03	5.24	1.04	-2.32**
7. Demands on the student	4.00	.96	3.56	.95	1.31

** Significant beyond .05 level.

Table 5.12

Analysis of Variance by Type of Nursing Program

Factor	Diploma N = 63 $\bar{X}$	sd	Diploma (Post RPN) N = 15 $\bar{X}$	sd	T Value
1. Professional socialization	5.63	1.03	5.78	.80	-0.53
2. Interaction with instructor	5.18	1.17	5.50	.60	-1.01
3. Unfamiliar learning experiences	3.78	.98	4.39	1.19	-2.07**
4. Learning resources and climate	5.08	1.02	5.61	.94	-1.82
5. Personal needs	3.40	1.05	3.87	.69	-1.65
6. Relationships	5.17	1.08	5.00	.98	.57
7. Demands on the student	3.52	.90	4.01	1.07	-1.84

** Significant beyond .05 level.

Sub-problem 3.3. What is the extent of the relationship between student rated success in clinical courses and average of marks in nursing courses and the factors perceived to affect student progress toward completion of the program?

Success rating in clinical courses. Two significant differences were found with this variable. On Factor 3 "Unfamiliar learning experiences," students who rated themselves as "average or having some problems" were found to be less hindered in their progress than were those who rated themselves as "very good." On Factor 4 "Learning resources and climate," students who rated themselves as "excellent" found this factor to be a greater facilitator than did those who rated themselves as "average or having some problems" (see Table 5.13).

Rating of average marks in nursing courses. Respondents who rated themselves as having a "very good" average in nursing courses felt that Factor 2 "Interaction with instructor" was a stronger facilitator toward completion than did those who rated themselves as having a "low pass" average (see Table 5.14).

Table 5.13

Analysis of Variance by Success Rating in Clinical Courses

Factor	Excellent N = 13 $\bar{X}$	sd	Very Good N = 37 $\bar{X}$	sd	Average and having some problems N = 27 $\bar{X}$	sd	F Ratio	Significantly Different Groups
1. Professional socialization	5.82	1.37	5.69	.87	5.62	.90	.19	--
2. Interaction with instructor	5.48	1.39	5.36	.60	5.06	1.35	.95	--
3. Unfamiliar learning experiences	4.09	1.14	3.59	.87	4.25	1.13	3.62**	3 > 2
4. Learning resources and climate	5.68	.90	5.24	.87	4.86	1.19	3.02**	1 > 3
5. Personal needs	3.51	1.07	3.66	1.04	3.24	.91	1.42	--
6. Relationships	5.54	1.03	5.20	.96	4.94	1.16	1.45	--
7. Demands on the student	3.60	1.12	3.64	.97	3.56	.88	.06	--

**Significant beyond .05 level.

Table 5.14

Analysis of Variance by Average Course Marks in Nursing Courses

Factor	Excellent N = 16 X̄	sd	Very Good N = 29 X̄	sd	Average N = 26 X̄	sd	Low Pass N = 7 X̄	sd	F Ratio	Sig. Diff. Groups
1. Professional socialization	5.85	1.23	5.73	.84	5.50	.93	5.51	1.28	.52	--
2. Interaction with instructor	5.26	1.19	5.54	.57	5.17	.96	4.27	2.18	2.78**	2 > 4
3. Unfamiliar learning experiences	3.63	1.03	3.72	.91	4.12	1.11	4.43	1.		
4. Learning resources and climate	5.40	1.00	5.39	.93	4.92	1.06	4.83	1	1.49	--
5. Personal needs	3.26	.69	3.83	1.17	3.32	.97	3.20		1.87	--
6. Relationships	5.22	1.21	5.15	.89	5.10	1.24	5.11	.8	.04	--
7. Demands on the student	3.50	1.22	3.66	.90	3.60	.82	3.74	1.12	1.35	--

**Significant beyond .05 level.

Summary

Thus, the extent of the relationship between individual student characteristics and the seven factors is minimal. However, the following findings are worthy of mention.

First, the student's age, years of previous work experience, grade XII achievement level, and post secondary education do not appear to have, in the student's perception, an influence on their progress toward completion of the nursing program.

Second, students with the additional commitment of marriage and parenthood, those not employed while a student, and those who have had no previous health-related or service-oriented work experience could be anticipated to have their progress toward completion of the program inhibited by Factor 7 "Demand on the student."

Third, students in the diploma program are inhibited in their progress to a greater degree than students with psychiatric nursing backgrounds in the diploma program (post R.P.N.) by Factor 3 "Unfamiliar learning experiences."

Fourth, female students find relationships with family, friends, partner, and other students to be a valuable contributor to their progress. The nine male students in the sample did not view Factor 6 "Relationships" as being as important.

The extent of the relationship between students' rating of their success in clinical courses and average marks in nursing courses and the seven factors is also minimal. Two relationships are noteworthy. First, students who rate themselves as average or low pass in clinical courses were inhibited less in their progress by Factor 3 "Unfamiliar learning experiences" than were those rating themselves as "very good," however, they were facilitated to a lesser degree than those

rating themselves as "excellent" in Factor 4 "Learning resources and climate". Second, students who rate themselves as having a "low pass" average in nursing courses found Factor 2 "Interaction with the Instructor" to facilitate progress to a lesser degree than students who rated themselves as "very good."

Conclusion

With few exceptions, the background individual characteristics of the student were not substantially related to factors that facilitate or hinder progress toward completion of the program. Thus, attention should be directed to the factors and the facets themselves.

The relationship between student rating of "average marks in clinical courses" and Factor 4 "Learning resources and climate" and the student rating of "low pass" average in nursing courses and Factor 2 "Interaction with instructor" would seem to be an important finding and merit further exploration.

CHAPTER SIX

SUMMARY, CONCLUSIONS, and IMPLICATIONS

A summary of the study including the purpose, conceptual framework, methodology, and major findings is presented in this chapter. In addition, conclusions and implications of the study for nursing education and further research are presented.

Summary of the Study

Nature of the Study

The purpose of the study was to examine aspects of a nursing diploma program which, in the opinion of nursing students, hindered or facilitated their progress toward completion of the program.

The objectives of the study were to

1) identify and examine facets which inhibit progress toward completion for students in a nursing program;
2) identify and examine facets which facilitate progress toward completion for students in a nursing program;
3) identify, describe, and examine factors which influence progress toward the completion of a nursing program; and
4) explore the extent of relationships between factors influencing progress and individual characteristics.

Studies reported in the literature over the past several years have identified sources of stress and satisfaction for students ages eighteen to twenty-four years in nursing programs. Examining the effect of these stressors or satisfiers on student progress toward completion of their program was not the major emphasis of these studies. Further, little research is available relating to the older

student's (over twenty-five years) experience in a nursing program. Since an increasing number of women over twenty-five years of age are entering nursing programs (mean age at Grant MacEwan Community College is twenty-eight years), there was a need to study this group of individuals.

Conceptual Framework

Internal forces such as motivation, needs, and personal life and external forces such as program expectations, organizational climate, and professional socialization influence the adult learner and create conditions that are assumed to hinder or facilitate progress toward completion of a nursing program. This framework provided direction for the selection of the statement of the problem and for the development of the research questionnaire.

Methodology

A questionnaire was developed for the study. Facets which were expected to influence student progress toward completion of a nursing program were selected from the personal, social, academic, and clinical categories used in previous studies of stressors and satisfiers for nursing students (Fox, 1967; Elfert, 1976; Garrett, 1976; and Zujewsky & Davis, 1985). In addition, facets pertaining to each aspect of the conceptual framework with particular attention to professional socialization (Pasichnyk, 1982) and the adult female learner (Malarkey, 1979) were included. Other facets evolved from a brainstorming session with a group of nursing students from another institution.

A preliminary assessment was conducted by eight nursing instructors, after which the revised questionnaire was pilot-tested by twenty nursing students, resulting in further clarification. The questionnaire was administered to eighty-five second year diploma nursing students, of which 78 submitted completed questionnaires.

Data Analysis

Individual characteristics were analyzed according to frequency and percentage distribution. Facets were analyzed to determine the degree of influence using frequency, percentage distribution, and mean. Factor analysis of the sixty-two items was carried out. The relationship of the resultant seven factors and the individual characteristic of the students were examined by t-tests and analysis of variance. A form of content analysis was used to analyze the qualitative data from the open-ended questions.

Summary of the Findings

The findings are summarized as follows as they pertain to each of the stated research problems.

Problem 1: Facets Inhibiting Progress

Sub-problem 1.1. Which facets are perceived by students to create difficulty for progress toward completion of a two-year nursing program?

Nine facets of a total of 62 were perceived by 65% of the respondents as creating difficulty for progress toward completion of the nursing program.

Social and personal. The four facets in the social personal category which created difficulty were "state of rest," "financial resources," "home responsibility," and "time for personal pursuits."

Clinical. The five facets in the clinical category which created difficulty for progress were "unfamiliar equipment," "unfamiliar situations," "differences among instructors," "idealism vs reality in the clinical area," and "fear of making errors."

Sub-problem 1.2. To what degree, in the student's perception, does each facet create difficulty for progress toward completion of the nursing program?

Inhibitors. Facets determined to be "inhibitors" (creating great to moderate difficulty) to progress toward completion of the program were rated by approximately 30% of the respondents as being "inhibitors" and by less than 10% of respondents as being "contributors" (greatly to moderately facilitative) to progress. With a few exceptions, those facets deemed to be inhibitors were among the nine perceived by 65% of respondents as creating difficulty for progress.

Social-personal. Six of a total of fourteen facets in this category were perceived to be "inhibitors" to progress. These are "state of rest," "financial resources," "home responsibility," and "time for personal pursuits," as well as "child care" and "part-time employment." The latter two, though not applicable to several students, were perceived as "inhibitors" by 10%-15% of respondents.

Clinical. Three of a total of thirty-nine facets in this category were perceived to be "inhibitors" toward completion of the program. These are "unfamiliar situations," "unfamiliar equipment," and "transportation and parking at clinical agency."

Inhibitors and Contributors. Nearly one-third of the facets were perceived by at least 10% of respondents as being "inhibitors," while at least another 10% of respondents found them to be "contributors."

Social-personal. Four facets in this category, "relationship with partner," "assuming student role," "state of health," and "self esteem" were seen as inhibitors and contributors.

Academic. Five facets in this category were perceived to be "inhibitors" and "contributors", for example, "academic workload" and "examinations."

Clinical. Eleven facets in the clinical category were perceived to be "inhibitors" and "contributors," and include, among others, "fear of making errors," "differences among instructors," and "idealism vs reality in the clinical area."

The complete listing of facets which are "inhibitors" and "contributors" is located in table 4.5.

Sub-problem 1.3. Which facets are identified by students as creating the most difficulty in their progress toward completion of the nursing program?

Items identified by the student in written responses were generally consistent with facets perceived as creating difficulty for progress toward completion of the program for a large percentage of students in the questionnaire.

Social-personal. Inadequacy of time to meet personal and course demands, efforts to meet personal needs, and lack of self-confidence were items creating most difficulty in the social and personal aspect of the program.

Academic. Workload and examinations were determined to create most difficulty academically for respondents.

Clinical. Differences and inconsistencies among instructors and unfamiliar learning situations were expressed to be most problematic for students in the clinical area of the program.

Problem 2: Facets Facilitating Progress

Sub-problem 2.1. Which facets are perceived by students to facilitate progress toward completion of the nursing program?

Almost one-quarter of the facets were perceived by over 85% of respondents to facilitate their progress toward completion of the program. All were in the clinical category.

Clinical. Six facets in the clinical category were perceived by over 87% of the respondents as being facilitative to progress toward completion of the program. These are "communication with patients," "receiving regular feedback regarding progress," "assuming responsibility for learning and meeting objectives in clinical area," "collaboration with the nursing team," "availability of the instructor for learning needs," and "accountability for own actions."

An additional eight clinical facets were perceived by 85% of respondents as facilitative to progress and related to interaction with instructor, nursing intervention, and socialization to nursing. A complete listing is located in Table 4.4.

Sub-problem 2.2. To what degree, in the student's perception, does each facet facilitate progress toward completion of the nursing program?

Contributors. Facets determined to be "contributors" (greatly to moderately facilitative) to progress toward completion of

the program were rated by over 40% of respondents as being "contributors" and by less than 10% of respondents as being "inhibitors" (creating great to moderate difficulty) to progress.

Social and Personal. Three facets of a total of fourteen in this category were perceived to be "contributors" to progress. These are "relationships with other students," "relationships with family," and "relationships with friends."

Academic. Four facets of a total of nine in this category were considered to be "contributors" to progress. These are "pre-program academic background," "workbooks," "textbooks," and "classroom atmosphere."

Clinical. Just under two-thirds of the facets (twenty-five) in the clinical category were perceived to be "contributors" to progress toward completion of the program and include the fourteen facets which were perceived by 85% of the respondents as being facilitative to progress. These items are associated with socialization to nursing, that is, learning nursing intervention, developing appropriate attitudes and communication skills, and interaction with the instructor, for example, "instructor supervision," and "relationship with instructor." A complete list of these facets is located in Table 4.5.

Contributors and Inhibitors. Nearly one-third of the facets were perceived by at least 10% of respondents as being "contributors," while at least another 10% found them to be "inhibitors" to progress toward completion of the nursing program.

Social-personal. Four facets in this category were perceived to be "contributors" as well as "inhibitors." These are "relationship with partner," "assuming student role," "state of health," and "self esteem."

Academic. Five academic facets were seen to be "contributors" as well as "inhibitors," for example, "academic scheduling" and "level of difficulty of nursing courses."

Clinical. Eleven facets in the clinical category were found to be "contributors" as well as "inhibitors," for example, "nursing unit atmosphere," "relationship with nursing unit staff," and "unexpected occurrences."

A complete list of facets which are perceived to be "contributors" and "inhibitors" is located in Table 4.5.

Sub-problem 2.3. Which facets are identified by students as being the most facilitative to their progress toward completion of the nursing program?

Items identified by the students in written responses as being most facilitative to progress toward completion of the program were consistent with the findings from the questionnaire.

Social-personal. Self motivation and peer and family support were identified as being most helpful to progress.

Academic. Classroom climate, handouts, instructors and teaching methods were deemed to be most facilitative in the academic area.

Clinical. The nursing unit staff, interaction with the patient, and relationship with the instructor were determined to be most beneficial in the clinical area of the program.

Problem 3: Factors Influencing Progress and Their Relationship to Individual Characteristics

Sub-problem 3.1. Which factors can be educed from a factor analysis of student perceptions of facets which influence their progress in the nursing program?

A factor analysis of nursing student responses for the sixty-two facets resulted in the selection of seven factors which accounted for 56.6% of the variance. The factors were labelled: Factor 1 - "Professional socialization," Factor 2 - "Interaction with the instructor," Factor 3 - "Unfamiliar learning experiences," Factor 4 - "Learning resources and climate," Factor 5 - "Personal needs," Factor 6 - "Relationships, and Factor 7 - "Demands on the student."

Mean scores of the seven factors show that the greatest difficulty for progress was created by Factor 5 "Personal Needs," followed by Factor 7 "Demands on the student" and Factor 3 "Unfamiliar learning experiences." Appearing as the greatest contributors were Factor 1 "Professional socialization," Factor 2 "Interaction with the instructor," Factor 4 "Learning resources and climate," and Factor 6 "Relationships."

Sub-problem 3.2. What is the extent of the relationship between individual characteristics (age, years of previous work experience, grade twelve achievement level, highest education level after highschool, marital status, children, current employment, previous occupation, sex, type of nursing program) and the factors perceived to affect the student's progress toward completion of the nursing program.

Age, work experience, and previous education. There were no significant differences between the sub-groups for the variables of age, years of previous work experience, and previous education.

Marital status and children. Married students and students with children perceived "course and personal demands on the student" to create more difficulty for their progress than did unmarried students.

Employment. Students who do not work perceived "course and personal demands on the student" to create more difficulty for progress in the program than did students who work less than 16 hours per week.

Previous occupation. Students whose previous occupation had been in fields other than health-related or service oriented perceived "course and personal demands on the student" to create more difficulty for progress than did students with previous experience in health-related or service oriented occupations.

Sex. Female nursing students perceived "relationships with family, partner, friends, and peers" to be a greater facilitator to progress toward completion of the program than did male students.

Type of nursing program. Students in the Diploma Nursing (post R.P.N.) program perceived unfamiliar learning experiences to create less difficulty for progress toward completion of the program than did students in the Diploma Nursing program.

Sub-problem 3.3. What is the extent of the relationship between student rated success in clinical courses and average marks in nursing courses and the factors perceived to affect student progress toward completion of a nursing program?

Success Rating in Clinical Courses. Students who rated themselves as "average or having some problems" in clinical courses found that "Unfamiliar learning experiences" created less difficulty for progress toward completion of the program than did students rating themselves as "very good."

Students rating themselves as "excellent" on the clinical courses found "Learning resources and climate" to be a greater facilitator for progress toward completion of the program than did students who rated themselves as "average or having some problems."

Rating of Average Marks in Nursing Courses. Students who rated themselves as having a "very good" average in nursing courses perceived "Interaction with the Instructor" to be a greater facilitator than did those students who rated themselves as having a "low pass" average.

Conclusion

Discussion of the Findings in Relation to the Literature

In the discussion which follows, the findings in the areas of social and personal, academic, and clinical aspects of the program, are examined in relation to the literature. The findings of this study provide increased understanding of the effect of stressors and satisfiers identified by previous studies, discussed in the review of literature in Chapter 2, on student progress toward completion of a nursing program.

Of the respondents, nearly 90% were female, with a mean age of 28 years, two-thirds were married, divorced, or separated, and nearly 90% had previous work experience. Thus, they can be described as adult learners (Darkenwold & Merriam, 1982:77) and as re-entry women (Bueche, 1986:15-18) and could be expected to possess the strengths and experience the personal and educational needs and feelings of self-doubt as described by Perry (1986:13) and Malarkey (1979:16). No relationship was found to exist between the sub-groups for age and the various factors influencing progress, though a relationship was evident between married students and those with children and the factor describing personal and course demands on the student.

Social and Personal Aspects. Social and personal aspects perceived by the students in this sample as being inhibitors to progress toward completion of the program are related to meeting human needs, and are concerned with the developmental tasks described for this time of life (Sheehy, 1976; Havighurst in Darkenwald & Merriam, 1982). Personal problems described in previous studies (Garrett: 1976, Elfert: 1976, and McMaster: 1979) in students aged eighteen to twenty-four were largely attributed to boyfriends and adjustments to the program. While no age relationship was found in this study, these findings may be reflective of the older mean age of the respondents. Relationships with family, friends, and peers were perceived to be contributors to progress for female students in particular. Male students did not perceive these relationships to be as important to their progress toward completion of the program. However, this does not seem to interfere with interpersonal relations with patients, co-workers, and other health care workers for the graduated male nurse who, in a study by Okrainec (1986:16-18), found the level of satisfaction with relationships to be satisfactory or very satisfactory.

Academic Aspects. Academic workload and pressures have been identified as stressors in previous studies (Garrett: 1976, Elfert: 1976, Zujewskyj & Davis: 1985). Between 20%-30% of students in this study perceived "academic workload," "level of difficulty of nursing courses," "examinations," and "pass mark 70%" to be an inhibitor to their progress toward completion of the program, whereas between 12%-20% found these facets to be contributors. Considering Malarkey's (1979) suggestion that mature women may experience self-doubt with regard to their academic ability, and Perry's (1986:14) suggestion

that effective skills in writing, studying, and time management may be lacking, this finding deserves attention.

Clinical Aspects. It is in the practice setting that students have the opportunity to internalize the "values and norms" (Watson, 1981) of a profession and to develop those behaviors considered essential in the socialization of a nurse (Pasichnyk, 1982). It is not surprising that clinical aspects of the program which provide for "experiential learning" (Rogers, 1969) were perceived by the majority of the respondents in this study as being facilitative to their progress toward completion of the program. Previous studies have identified clinical practice and relationship with the patient as being both stressors and satisfiers for students. Aspects of clinical practice which were found to be inhibitors for progress for the majority of respondents, are related to coping with the unfamiliar and the fear of making errors. The stress of initial experiences identified by Kushner (1986) and Sellek (1982) was found by respondents in this study to be a contributor as well as an inhibitor to progress toward completion of the program.

Students in this study identified personal motivation and "high personal expectations," as well as program "expectations to be increasingly independent," as being contributors to their progress toward completion of the program. This seems to overshadow those stressors, such as, expectation of clinical instructor, evaluation and relationship with instructors, which were identified by students in previous studies (McMaster: 1979, Garrett: 1976, Fox: 1963, Sellek: 1982) and, according to Zujewskyj and Davis (1985), seen to hinder learning. This may be reflective of the self-directness of the adult learner and the readiness to learn, as described by Knowles (1978) in their search for self-actualization (Maslow, 1976). This finding is

consistent with Bueche (1986) in that re-entry women were found to be at a higher developmental level for autonomy, i.e., less dependent on others and able to pursue a goal.

The large majority of students in this study have found interaction with the instructor, especially with regard to receiving feedback, instructor availability, and relationship with the instructor to contribute to their progress, and is supportive of findings of Morgan and Knox (1983:4-13) concerning student perceptions of clinical teaching. However, differences among instructors were perceived by more than one-third of respondents to be an inhibitor to their progress toward completion of the program. The differences specified by 17% of students were related to inconsistencies with regard to expectations, teaching methods, evaluation, and individual instructor "quirks." Further, students who rated themselves as having a "low pass or average" grade in nursing courses did not find the interaction with the instructor to be as helpful as did those rating themselves as "very good." This lends support to previous studies in which the instructor was perceived as a stressor (Zujewskyj & Davis: 1985, Kushner: 1986).

Finally, the climate most conducive to learning is one in which the student is free to learn and develop (Watson, 1981:22). Working relationships within the clinical area with the staff and with the instructor have been identified as stressors and satisfiers for respondents in previous studies. This study has revealed that the nursing unit atmosphere and the staff and the aspect of idealism vs reality in the clinical area were seen to be an inhibitor and a contributor to progress. "Collaboration with the nursing unit staff" and "interaction with the instructor" were perceived to facilitate progress, hence a climate conducive to this interaction is important.

The classroom atmosphere and learning resources were perceived to be contributors in this study. Of note, however, is the finding that students rating themselves as having "low pass and average" grades in nursing courses found the climate and learning resources to be of less help to their progress than did "excellent" students.

Summary. The following conclusions arise from the previous discussion of the findings in relation to the literature:

Social-Personal

1. Personal needs such as financial resources, state of rest, and time for personal pursuits are important inhibitors for several students.
2. Married students and those with children are inhibited in their progress by home responsibility, child care, and course work demands.
3. Relationships with other nursing students, friends, and family are important contributors toward completion of the program, especially for female students.

Academic

1. Academic workload and examinations are inhibitors for nearly one-third of the students and contributors for nearly one-fifth.
2. Academic workload, level of difficulty of nursing courses, and academic scheduling creates more difficulty for married students and for those with children.
3. Classroom atmosphere and learning resources are contributors for students, but less so for students rating themselves as "low pass or average."

Clinical

1. Aspects of clinical experience related to professional socialization and nursing interaction are contributors to progress for the majority of students in the study.
2. Unfamiliar experiences and fear of making errors are perceived to be inhibitors, particularly for diploma students.
3. The nursing unit atmosphere is a contributor to progress for some and an inhibitor for others.
4. Personal motivation, high personal expectations, and the expectation to be increasingly independent are important contributors to progress.
5. Interaction with the instructor is a contributor for most students, but less so for students who rate themselves as "average or low pass" in nursing courses.
6. Differences and inconsistencies among instructors is an inhibitor for more than one-third of the students.

Implications

Implications of the study for nursing educators and researchers are discussed in this section of the chapter.

Social-Personal Aspects

Nursing education programs and nurse educators have as a primary focus the provision of quality education to prepare graduates in nursing which can meet the standards established by the profession. It is not normally in the purview of the educational program to assume responsibility for students' personal and social needs. Notwithstanding, there is much that can be done in consideration of

the personal needs of students which may help them progress in the program. Orientation sessions and counselling can make the student aware of the demands and expectations of the program, the resources available to assist in meeting financial needs, and the need for child care and contingency planning. Understanding and knowledgeable instructors can listen, refer, help plan study schedules, and otherwise assist students to meet personal and program demands, and further, recognize that developmental stages of students may vary in spite of age differences and that all students need to be stimulated to develop to their potential. Efforts should be made to foster relationships between students in view of the contributing influence to progress these relationships have.

The nine male students in this sample did not find relationships with family, friends, peers, and partner to be as facilitative to their progress as did female students. Further study with a larger sample would be useful.

Academic Aspects

Adult students expect knowledge to be relevant and immediately applicable to the goals they pursue, and to build on previous experiences. Nursing courses presented in ways that are seen to meet these criteria and examinations that test knowledge which is relevant to the problem-oriented adult should facilitate progress and make the workload seem more manageable (Meissner, 1986:52).

Students who rate themselves as "low pass or average" in nursing courses do not find the classroom atmosphere and learning resources as helpful as students with higher grades. Further study might yield some meaning from this finding.

Clinical Aspects

Clinical experience that provides an opportunity for the student to be socialized to nursing and provide nursing intervention in a supportive clinical environment is an important facilitator to progress toward completion of a nursing program for a student. This experiential learning is valued by the large majority of the students in this study.

Aspects such as the unfamiliar and fear of making errors which are deemed to create difficulty for progress for students and initial experiences which, for some, inhibit progress, should be examined in an effort to reduce the difficulty they create (Blainey, 1980:33-36). Limited time for clinical practice, changing units, and the unpredictable nature of nursing practice all contribute to the problem. Careful orientation and an atmosphere in which learners are protected in their efforts to provide safe patient care would help to minimize the difficulty they perceive.

Carlisle (1985:66-70) states that "Whether a phenomenon is a stressor or not depends on the meaning of a stimulus to the person," and this meaning is colored by the student's values. She suggests that knowing and valuing the students as individuals, helping them develop self awareness and reciprocal disclosure of disappointments and failures can help students cope with aspects of the clinical experience which create anxiety and difficulty in performance. Stress innoculation (Manderino & Yonkman, 1985:116-118) is a preventative approach using cognitive coping skills and relaxation techniques which has been used to help students manage stressful situations. Since stress is an integral part of nursing, and identified stressors do create difficulty for student progress, methods to manage stress

should be incorporated into the program. Education of instructors in methods to help students manage stress would be useful.

Students who rate themselves as having an "average or low pass" in nursing courses benefit less from interaction with the nursing instructor than do those rating their grades to be "very good." This is unfortunate, for these students in fact require more help rather than less. Promoting a positive self-image by respecting the individual student, providing positive reinforcement, and accepting that the student, by virtue of admission standards, has the potential to succeed is especially important for the less confident, slower student (Hammer & Tufts, 1985:281).

For more than one-third of the students, differences and inconsistencies among instructors are perceived to create difficulty for their progress. The wording in the questionnaire may have created some confusion for respondents. Differences, when perceived as uniqueness, seemed to be valued as a contributor to progress. However, when perceived as inconsistency, differences were viewed as an inhibitor to progress. When the perception of inconsistency is related to evaluation, teaching methods, and expectations, the notion of unfairness exists, and difficulties are created for the student. Meissner (1986:52) suggests that in the clinical area educators may tend to focus on "judging students rather than assisting and supporting them." Perhaps this is a reason why differences are viewed as inhibitors rather than contributors to progress.

Instructors grapple with these differences too, in an effort to be fair to the individual student, ethical in maintaining standards, and consistent with other instructors (Meisenhelder, 1982:348-351). No two instructors can be alike, but efforts should be made through thoughtful discussion, structuring guidelines, and enunciating

expectations to reduce inconsistencies, and to find ways to enhance the instructor-student relationship so that the value of the individual uniqueness of each is recognized. Perhaps it is the respect for the student as a unique individual that will prompt reciprocal respect for instructor differences. As Hammer and Tufts (1985:282) state, "the role of collaborator in the student's educational experience is - - - an appropriate and productive approach .... The student should be made to realize that the instructor-student relationship is a partnership with one common long-term goal -- the success of the student." Perceptions of differences among instructors should be investigated.

Summary

The purpose of the study was to examine facets which influenced students in their progress toward completion of a nursing program and to explore relationships with individual characteristics. The results of the investigation revealed that the majority of facets facilitated student progress, however, some created difficulty for students in their progress toward completion of the program. For a large number of students, personal needs, the unfamiliar and fear of making errors, and differences among instructors were inhibitors in their progress.

Interaction with the instructor, socialization to nursing (especially with regard to nursing intervention, patient communication and accountability), and collaboration with the nursing team were contributors to progress toward completion of the program for all but a few students. Learning resouces and climate and interaction with the instructor, however, were less helpful for the student with a self-rating of "low pass and average" in nursing courses. Few

relationships were found to exist between factors influencing progress and individual characteristics, therefore, the data could not be used to provide a profile for students for whom problems could be anticipated.

The perception of the difficulty created for students in their progress by differences among instructors should be investigated. Further study of the "low pass and average" student and their perceptions of instructor interaction and learning climate would be useful. Efforts to assist students to cope with the unfamiliar and the fear of making errors in the clinical setting should be promoted in an effort to facilitate student progress toward completion of their program.

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APPENDICES

APPENDIX A

CORRESPONDENCE:

LETTER TO DIRECTOR, SCHOOL OF NURSING

LETTER TO DEAN, HEALTH SCIENCES DIVISION

LETTER FROM DEAN, HEALTH SCIENCES DIVISION

LETTERS TO RESPONDENTS

5 Gretna Place
St. Albert, Alberta
T8N 0W2
October 31, 1986

Ms. Gloria Bauer, Director
School of Nursing
Royal Alexandra Hospital
10240 Kingsway Avenue
Edmonton, Alberta
T5H 3V9

This is a follow-up to our telephone conversations in mid-September, during which you granted me permission to interview, on September 26, 1986, a group of eight third-year students from your nursing program. I would like to extend my thanks to you for granting this permission, and for making the necessary arrangements.

The brainstorming session with the students provided me with useful information for the development of my Master thesis questionnaire regarding facets which impede or facilitate progress toward completion of a two-year nursing program, which I am presently writing through the Faculty of Education Administration at the University of Alberta.

The students were cooperative and candid, and entered into the discussion with enthusiasm, and I do appreciate their input.

Thanks again for your help.

Sincerely,

Marina Vettergreen

5 Gretna Place
St. Albert, Alberta
T8N 0W2

October 31, 1986

Ms. Liz Dawson, Dean
Health Sciences Division
Grant MacEwan Community College
Millwoods Campus
Edmonton, Alberta

Dear Liz:

I am currently in the process of completing my Master's thesis from the Department of Educational Administration at the University of Alberta. The topic of my study is "Facets That Impede or Facilitate Student Progress". The study will identify

1. facets perceived by students as impeding or facilitating their progress in completing a two-year college diploma program;

2. the degree to which each facet impedes or facilitates progress;

3. the relationship between facets that impede or facilitate progress and student success; and

4. the relationship between facets which impede or facilitate progress and individual characteristics of students.

I would like to request your permission to survey (by questionnaire) the second year nursing students currently enrolled in NE 408.4 and NE 408.6, in the 1986 fall trimester. I anticipate that completing the questionnaire will require about twenty to thirty minutes of the student's time. While I hope the entire class will complete the questionnaire, participation will be voluntary. Each questionnaire will be coded for purposes of processing. Anonymity in the analysis of data and the reporting of finds will be assured.

It is my hope that the study will provide increased understanding of the needs of the adult nursing student at Grant MacEwan Community College, and insight as to how these needs may be addressed by the program and the college and, as well, provide increased input from a student perspective into planning program activities and development.

Thank you in anticipation.

Sincerely,

Marina Vettergreen

Grant MacEwan Community College

Mailing Address
P.O. Box 1796, Edmonton
Alberta, Canada T5J 2P2

November 14, 1986

MEMO TO: Marina Vettergreen

FROM: Liz Dawson

RE: Proposed Thesis Topic

Thanks for the information regarding your study. It sounds interesting and certainly relevant to our Program. Yes, please do proceed with your planned survey.

Good Luck!

LD/af
cc Norma Young

Jasper Place Campus
10045 - 156 Street
T5P 2P7
(403) 483-4411

Cromdale Campus
8020 - 118 Avenue
T5B 0R8
(403) 474-8521

Mill Woods Campus
7319 - 29 Avenue
T6K 2P1
(403) 462-5501

Marina Vettergreen
5 Gretna Place
St. Albert, Alberta
T8N 0W2

February 5, 1987

Dear

I am enrolled in the Masters Program in Educational Administration at the University of Alberta, and am presently involved in preparing my thesis. The research involves a survey of nursing students.

Enclosed please find a questionnaire developed to determine elements influencing a student in a nursing program. Through your participation in completing the questionnaire, it is hoped that a greater understanding will be reached of the elements affecting adult students in a nursing program.

This study includes all students who entered year II of the Grant MacEwan Community College Diploma Nursing Program in September, 1986, or January, 1987. I am anxious to obtain input from each student, and would greatly appreciate your participation in completing the questionnaire. It will take about fifteen minutes of your time.

Confidentiality will be assured by grouping all data, and identification of individual questionnaires will not be possible, thereby assuring anonymity of the respondent.

I thank you for your cooperation in completing this questionnaire and returning it as soon as possible.

Sincerely,

Marina Vettergreen

MV/fh

To: Second Year Students

From: Marina Vettergreen

February 4, 1987

I have asked to read this memo to you on my behalf.

I am enrolled in the Masters Program in Educational Administration at the University of Alberta, and am presently involved in preparing my thesis. The research involves surveying nursing students to gather information concerning elements which influence a student in a nursing program.

Through your participation in completing the questionnaire, it is hoped that a greater understanding will be reached of the elements affecting adult students in a nursing program.

I am anxious to obtain input from all second year students in the Grant MacEwan Community College Diploma Nursing Program, and would, therefore, greatly appreciate your participation in completing the questionnaire which will distribute. It should take about 15 minutes of your time to complete.

I would like to reassure you that anonymity is assured, ~~and that the~~ returns will be treated with confidentiality. I encourage you to be candid in making your responses and to answer each question.

My thanks to each of you for your time and cooperation.

APPENDIX B

SURVEY INSTRUMENT

NURSING STUDENT SURVEY

February, 1987

Instructions to Respondents

This questionnaire is intended to gather information concerning facets which influence a student in a nursing program.

In Part I, you are asked to provide information about yourself.

In Part II, you are asked to rate each facet listed, to indicate its influence on your progress toward completion of your nursing program.

In Part III, you are asked to identify influences which are particularly important to you in your progress.

Specific instructions are included in the questionnaire. Please answer all questions.

You are encouraged to be candid in making your responses. Anonymity is assured, and the returns will be treated with confidentiality.

Thank you.

Part I

Please circle the appropriate number, or fill in the blank.

DO NOT WRITE IN THIS SPACE

1. Age:
   1. under 21
   2. 21-25
   3. 26-30
   4. 31-35
   5. 36-40
   6. 41-45
   7. over 45

   4

2. Sex:
   1. male
   2. female

   5

3. Marital status:

   1. married
   2. divorced
   3. widowed
   4. separated
   5. never married
   6. other

   6

4. Children:
   number _____

   7

5. Age of children:

   _____

   8 - 17

6. Current employment:

   1. not employed
   2. 8-16 hours per week
   3. 17-24 hours per week
   4. 25-36 hours per week
   5. over 36 hours per week

   18

7. Current occupation if employed:

   _____

   19, 20

8. Employment status of spouse:

   1. employed
   2. unemployed
   3. not applicable to me

   21

DO NOT WRITE IN THIS SPACE

9. Work experience prior to entering nursing program:

   1. years _____ 22 - 23
   2. occupation (briefly describe) _____

   _____ 24 - 25

10. Highest level of education after high school:

   1. none
   2. some or complete business or vocational program
   3. some college or university 26
   4. college diploma or certificate
   5. one or more university degree(s)

11. Achievement level in grade twelve:

   Average
   1. over 80%
   2. 75-80%
   3. 70-74% 27
   4. 65-69%
   5. 60-64%
   6. 55-59%
   7. 50-54%

12. Nursing Program enrolled in:

   1. Diploma Nursing 28
   2. Supplemental Nursing

13. Rate your success to date in the clinical courses in your nursing program:

   1. Excellent 29
   2. Very good
   3. Average
   4. Having some problems

14. Estimate your average course marks to date in the theory courses in your nursing program:

   1. Excellent
   2. Very good
   3. Average 30
   4. Low pass

Part II.

Please circle the number which indicates the degree to which each facet listed below creates difficulty for you in your progress or facilitates your progress toward completion of your nursing program at Grant MacEwan Community College. **As you reflect on each facet, consider its most usual influence on your progress during the nursing program.**

Ranking instructions:
1 - creates great difficulty in my progress
2 - creates moderate difficulty in my progress
3 - creates mild difficulty in my progress
4 - does not affect my progress
5 - mildly facilitates my progress
6 - moderately facilitates my progress
7 - greatly facilitates my progress
NA - not applicable to me

Facet	Creates Difficulty in progress Toward Completion				Facilitates progress Toward Completion			NA	- - 2 / 1 - 3 DO NOT WRITE IN THIS SPACE
	great	moderate	mild	no effect	mildly	moderately	greatly	not applicable	
SOCIAL-PERSONAL									
1. Financial resources	1	2	3	4	5	6	7	na	4
2. Part-time employment	1	2	3	4	5	6	7	na	5
3. Home responsibility	1	2	3	4	5	6	7	na	6
4. Relationship with partner	1	2	3	4	5	6	7	na	7
5. Assuming student role	1	2	3	4	5	6	7	na	8

Facet	Creates Difficulty in progress Toward Completion				Facilitates progress Toward Completion			NA	DO NOT WRITE IN THIS SPACE
	great	moderate	mild	no effect	mildly	moderately	greatly	not applicable	
SOCIAL-PERSONAL cont'd.									
6. State of rest	1	2	3	4	5	6	7	na	9
7. Child care	1	2	3	4	5	6	7	na	10
8. State of health	1	2	3	4	5	6	7	na	11
9. Time for personal pursuits	1	2	3	4	5	6	7	na	12
10. Self esteem	1	2	3	4	5	6	7	na	13
11. Relationships with other nursing students	1	2	3	4	5	6	7	na	14
12. Relationship with family	1	2	3	4	5	6	7	na	15
13. Relationship with friends	1	2	3	4	5	6	7	na	16
14. College student services	1	2	3	4	5	6	7	na	17
ACADEMIC									
15. Pre-program academic background	1	2	3	4	5	6	7	na	18
16. Academic workload	1	2	3	4	5	6	7	na	19
17. Academic scheduling	1	2	3	4	5	6	7	na	20

Facet	Creates Difficulty in progress Toward Completion				Facilitates progress Toward Completion			NA	DO NOT WRITE IN THIS SPACE
	great	moderate	mild	no effect	mildly	moderately	greatly	not applicable	
ACADEMIC cont'd.									
18. Level of difficulty of nursing theory courses	1	2	3	4	5	6	7	na	21
19. Pass mark 70%	1	2	3	4	5	6	7	na	22
20. Examinations	1	2	3	4	5	6	7	na	23
21. Workbooks	1	2	3	4	5	6	7	na	24
22. Textbooks	1	2	3	4	5	6	7	na	25
23. Classroom atmosphere	1	2	3	4	5	6	7	na	26
CLINICAL									
24. Clinical hours	1	2	3	4	5	6	7	na	27
25. Transportation and parking at clinical agency	1	2	3	4	5	6	7	na	28
26. Nursing unit atmosphere	1	2	3	4	5	6	7	na	29
27. Relationship with nursing unit staff	1	2	3	4	5	6	7	na	30
28. Unfamiliar situations	1	2	3	4	5	6	7	na	31
29. Unfamiliar equipment	1	2	3	4	5	6	7	na	32
30. Nursing skill development	1	2	3	4	5	6	7	na	33

Facet	Creates Difficulty in progress Toward Completion				Facilitates progress Toward Completion			NA	DO NOT WRITE IN THIS SPACE
	great	moderate	mild	no effect	mildly	moderately	greatly	not applicable	
CLINICAL cont'd.									
31. Doing nursing activity for the first time	1	2	3	4	5	6	7	na	34
32. Acquiring knowledge to provide safe patient care	1	2	3	4	5	6	7	na	35
33 Fear of making errors	1	2	3	4	5	6	7	na	36
34. Learning to assess the patient	1	2	3	4	5	6	7	na	37
35. Learning to develop a plan of care	1	2	3	4	5	6	7	na	38
36. Learning to implement a plan of care	1	2	3	4	5	6	7	na	39
37. Learning to evaluate the patient response to care	1	2	3	4	5	6	7	na	40
38. Nursing Process plan assignments	1	2	3	4	5	6	7	na	41
39. Patient assignments	1	2	3	4	5	6	7	na	42
40. Exposure to bodily functions, secretions, and excretions	1	2	3	4	5	6	7	na	43
41. Unexpected occurrences	1	2	3	4	5	6	7	na	44
42. Seriously-ill and dying patients	1	2	3	4	5	6	7	na	45

Facet	Creates Difficulty in progress Toward Completion				Facilitates progress Toward Completion			NA	DO NOT WRITE IN THIS SPACE
	great	moderate	mild	no effect	mildly	moderately	greatly	not applicable	
CLINICAL cont'd.									
43. Patient and family teaching	1	2	3	4	5	6	7	na	46
44. Recording and reporting	1	2	3	4	5	6	7	na	47
45. Learning to make decisions concerning patient care	1	2	3	4	5	6	7	na	48
46. Accountability for own actions	1	2	3	4	5	6	7	na	49
47. Expectation to achieve increasing independence	1	2	3	4	5	6	7	na	50
48. Communication with patients	1	2	3	4	5	6	7	na	51
49. Collaboration with nursing team	1	2	3	4	5	6	7	na	52
50. High personal expectations	1	2	3	4	5	6	7	na	53
51. Instructor supervision	1	2	3	4	5	6	7	na	54
52. Resolution of conflict with instructor	1	2	3	4	5	6	7	na	55
53. Relationship with instructor	1	2	3	4	5	6	7	na	56
54. Receiving regular feedback regarding progress	1	2	3	4	5	6	7	na	57

Facet	Creates Difficulty in progress Toward Completion				Facilitates progress Toward Completion			NA	DO NOT WRITE IN THIS SPACE
	great	moderate	mild	no effect	mildly	moderately	greatly	not applicable	
CLINICAL cont'd.									
55. Learning time in clinical area prior to evaluation	1	2	3	4	5	6	7	na	58
56. Availability of instructor for learning needs	1	2	3	4	5	6	7	na	59
57. Assuming responsibility for learning and meeting objectives in clinical area	1	2	3	4	5	6	7	na	60
58. Meeting clinical performance criteria	1	2	3	4	5	6	7	na	61
59. Formal clinical evaluation	1	2	3	4	5	6	7	na	62
60. Clinical self evaluation	1	2	3	4	5	6	7	na	63
61. Differences among instructors	1	2	3	4	5	6	7	na	64
62. Idealism vs. reality in clinical area	1	2	3	4	5	6	7	na	65

Additional comments:

Part III

1. Identify the two facets that have created the greatest difficulty for you in your progress toward completion of your nursing program.

   a.

   b.

2. Identify the two facets that have helped you most in your progress toward completion of your nursing program.

   a.

   b.

Thank you.

APPENDIX C

DEPARTMENT OF EDUCATIONAL ADMINISTRATION
RESEARCH ETHICS REVIEW COMMITTEE
APPROVAL

Department of Educational Administration Research Ethics Review Committee
Graduate Student Application

(Please submit a typed copy of this form and a copy of the research proposal to the Department Chairman's office.)

Name Vettergreen, D. Marina Student I.D. 607549

Short title of proposed research Facets Influencing Student Progress

☐ Ph.D. dissertation ☐ M.Ed. project
☑ M.Ed. thesis ☐ Other _____ (specify)

Location of the research Edmonton, Alta Date approval needed Nov. 20, 1986.

The applicant agrees to notify the Department Ethics Review Committee of any changes in research design after approval has been granted.

D Marina Vettergreen (signature of applicant) Nov 7 1986 (date)

The research proposal has been approved at a meeting of the Supervisory Committee.

(signature of Supervisor) Nov. 5 1986 (date)

For Office use only

Date submitted November 19, 1986 Date decision conveyed Dec 5/86

Members of the Review Committee J. E. Seger, J. H. Balderson, D. M. Richards, E. W. Ratsoy.

Decision of Committee Approved 5 Dec 1986 (Approved or not Approved)

Comments _____

J E Seger (Signature, Committee Coordinator)

Short Title: Facets Influencing Student Progress

Researcher's Name: Vettergreen, D. Marina

Summary of proposed research (Please confine to space provided on this page.)

This study will survey, by means of a questionnaire, second year students enrolled in the two-year diploma nursing program at Grant MacEwan Community College, to determine facets that facilitate or create difficulty for progress toward completion of a two-year college diploma nursing program. Students in this program are predominantly female and over the age of twenty-five. One-third are married and of the remaining group of singles, one-fifth are divorced or separated. Some research is available on stressors and satisfiers for students in late adolescence to early adulthood in nursing programs. However, little research is available to examine the clinical, academic, and social-personal aspects which may facilitate or create difficulty for progress for the adult student in the completion of a nursing program.

This study will identify and rate the degree to which facets perceived by students facilitate or create difficulty for their progress toward completion of a two-year college program. In addition, a relationship will be sought between facets that facilitate or create difficulty for progress and student success, as described by the student. Further, the relationship between facets which facilitate or create difficulty for progress and individual characteristics will be determined.

Data from the study will provide increased understanding of the needs of the adult student in a college nursing program, and will provide further input from a student perspective into planning program activities and development.

Ethical concerns and safeguards (See General Faculties Council Guidelines.)

Potential mental harm to participants which might occur because the investigator is an instructor in the program will be minimized by assuring confidentiality, anonymity, and voluntary participation.

The investigator will advise the participants of the nature and objective of the research. Participation will be voluntary and without coercion. Permission from the Dean, Health Sciences Division, Grant MacEwan Community College, has been obtained.

Anonymity is assured, and responses will be kept confidential. Only the investigator will have access to the raw data.

Relevant literature has been reviewed by the investigator, and the investigator has professional competence, experience, and maturity to make responsible decisions.

The investigator has created and will be administering the questionnaire. Assistance will be obtained with data analysis from a competent resource person.